



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NYD002227973

INSTALLATION ADDRESS

ELECTRICAL CONSTRUCTION MATERIALS DIV
WOLF & SEVENTH NORTH STREETS
SYRACUSE NY 13221

WOLF & SEVENTH NORTH STREET
SYRACUSE NY 13221



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

09/26/2011

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD002227973

INSTALLATION NAME: COOPER CROUSE-HINDS LLC

INSTALLATION ADDRESS : 1201 WOLF ST
SYRACUSE, NY 13221-4999

MAILING ADDRESS : PO BOX 4999
SYRACUSE, NY 13221-4999

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: COOPER CROUSE-HINDS LLC
or Current Occupant
ATTN: DAVE SENSINGER
PO BOX 4999
SYRACUSE, NY 13221-4999**

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
2011 SEP 14 AM 9:20
RCRA PROGRAMS
BRANCH



1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>N</u> <u>Y</u> <u>D</u> <u>0</u> <u>0</u> <u>2</u> <u>2</u> <u>2</u> <u>7</u> <u>9</u> <u>7</u> <u>3</u>		
3. Site Name	Name: Cooper Crouse-Hinds, LLC		
4. Site Location Information	Street Address: 1201 Wolf Street		
	City, Town, or Village: Syracuse		County: Onondaga
	State: NY	Country: USA	Zip Code: 13221-4999
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>3</u> <u>3</u> <u>5</u> <u>9</u> <u>3</u> <u>2</u>	C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
	B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
7. Site Mailing Address	Street or P.O. Box: PO Box 4999		
	City, Town, or Village: Syracuse		
	State: NY	Country: USA	Zip Code: 13221-4999
8. Site Contact Person	First Name: Dave		MI: Last: Sensinger
	Title: Environmental Project Engineer		
	Street or P.O. Box: PO Box 4999		
	City, Town or Village: Syracuse		
	State: NY	Country: USA	Zip Code: 13221-4999
	Email: dave.sensinger@cooperindustries.com		
	Phone: 315-477-5258	Ext.:	Fax: 866-374-6203
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Cooper Crouse-Hinds, LLC		Date Became Owner: 1948 <u>11/18/1894</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: PO Box 4999		
	City, Town, or Village: syracuse		Phone: 315-477-5258
	State: NY	Country: USA	Zip Code: 13221-4999
	B. Name of Site's Operator: Cooper Crouse-Hinds, LLC		Date Became Operator: 1981 <u>4/10/1980</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

Rec 9/14/11 Called & emailed 9/14/11 - M/S Sensinger
provided ownership & operator dates (R)

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D007	D008	D018	D035	F002
F003	F005	F006				

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

B001						

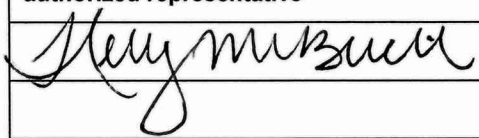
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Kelly McBride, Operations Manager	09/09/2011



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

11/13/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYD002227973

INSTALLATION NAME

COOPER CROUSE-HINDS DIV

INSTALLATION ADDRESS

**WOLF & 7TH NORTH ST
SYRACUSE, NY 13221**

MAILING ADDRESS

**PO BOX 4999
SYRACUSE, NY 132214999**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: COOPER CROUSE-HINDS DIV
or Current Occupant
ATTN: DAVE SENSINGER - ENV PROJ ENG
PO BOX 4999
SYRACUSE, NY 132214999**

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)OCT
NOV 29 2001

29 2001

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

N Y 0 0 0 2 2 2 7 9 7 3

II. Name of Installation (Include company and specific site name)

C o o p e r C r o u s e - H i n d s D i v i s i o n

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

W o l f & 7 t h N o r t h S t r e e t s

Street (Continued)

City or Town

S y r a c u s e

State

N Y

Zip Code

1 3 2 0 8 -

County Code

0 6 1

County Name

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P O B o x 4 9 9 9

City or Town

S y r a c u s e

State

N Y

Zip Code

1 3 2 2 1 - 4 9 9 9

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

S e n s i n g e r

(First)

D a v e

Job Title

E n v . P r o j . E n g .

Phone Number (Area Code and Number)

3 1 5 - 4 7 7 - 5 2 5 8

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing☒☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

C o o p e r I n d u s t r i e s , I n c .

Street, P.O. Box, or Route Number

P O B o x 4 4 4 6

City or Town

H o u s t o n

State

T X

Zip Code

7 7 0 0 2 - 1 0 0 1

Phone Number (Area Code and Number)

7 1 3 - 2 0 9 - 8 8 3 5

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes ☒No ☐

Date Changed

Month

Day

Year

Address Verified

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 3	2 F 0 0 6	3	4	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 0 4	D 0 0 6	D 0 0 7	

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

XI. Comments

Hays Lengyel - Director, Operations

10/23/01

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

Crouse-Hinds Division
Cooper Industries, Inc.
PO Box 4999, Syracuse
Wolf & Seventh North Streets
Syracuse, NY 13221
Voice: 315.477.5258
Fax: 315.477.5340
Email: Dave.Sensinger@Crouse-Hinds.com



October 24, 2001

U.S. EPA Region 2
Div of Environmental Planning & Protection
RCRA Programs Branch
290 Broadway Street, 22nd Floor
New York, NY 10007-1866
Voice: 212-637-4106

Subject: Revisions to Form 8700-12 for: NYD002227973

Dear Sirs:

Attached is a Form 8700-12 that has the current information for our site. Please contact me if there are any questions.

Sincerely


Dave Sensinger,
Environmental Project Engineer

U.S. EPA
AGENCY NO II
01 OCT -01 PM 2:47
PROGRAMS Branch



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

10/29/2004

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYD002227973
INSTALLATION NAME:	COOPER CROUSE-HINDS LLC
INSTALLATION ADDRESS :	WOLF & 7TH NORTH ST SYRACUSE, NY 13208
MAILING ADDRESS :	PO BOX 4999 SYRACUSE, NY 13221-4999

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: COOPER CROUSE-HINDS LLC
or Current Occupant
ATTN: DAVE SENSINGER
PO BOX 4999
SYRACUSE, NY 13221-4999**

SEND COMPLETED**FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for Submittal**
(See instructions on page 13.)MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

2. Site EPA ID Number (page 14)**EPA ID Number**

NY1Y1D1010121212171917131

3. Site Name (page 14)**Name:**

Cooper Crouse-Hinds, LLC

4. Site Location Information (page 14)**Street Address:** Wolf & 7th North Streets**City, Town, or Village:** Syracuse**State:** NY**County Name:** Onondaga**Zip Code:** 13208**5. Site Land Type (page 14)****Site Land Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)****A.**
335932**B.****C.****D.****7. Site Mailing Address (page 15)****Street or P. O. Box:** P.O. Box 4999**City, Town, or Village:** Syracuse**State:** NY**Country:** USA**Zip Code:** 13221-4999**8. Site Contact Person (page 15)****First Name:** Dave**MI:****Last Name:** Sensinger**Phone Number:** 315-477-5258 **Extension:****Email address:** dave.sensinger@crouse-hinds.com**9. Operator and Legal Owner of the Site (pages 15 and 16)****A. Name of Site's Operator:**
Cooper Crouse-Hinds, LLC**Date Became Operator (mm/dd/yyyy):**
1913**Operator Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**B. Name of Site's Legal Owner:**
Cooper Industries, Inc.**Date Became Owner (mm/dd/yyyy):**
1981**Owner Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

9. Legal Owner (Continued) Address	Street or P. O. Box: P.O. Box 4446	
	City, Town, or Village: Houston	
	State: TX	Zip Code: 77002-1001
	Country: USA	

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

- Y ☐ N ☒ d. United States Importer of Hazardous Waste
- Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 2. Transporter of Hazardous Waste

- Y ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.

**Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)**

- Y ☐ N ☒ 5. Exempt Boiler and/or Industrial
Furnace
If "Yes", mark each that applies.
- ☐ a. Small Quantity On-site Burner
Exemption
- ☐ b. Smelting, Melting, and Refining
Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control**B. Universal Waste Activities**

- Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

- Y ☐ N ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.
- ☐ a. Transporter
- ☐ b. Transfer Facility
- Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
- ☐ a. Processor
- ☐ b. Re-refiner
- Y ☐ N ☒ 3. Off-Specification Used Oil Burner
- Y ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
- ☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 20.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

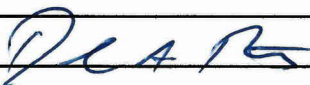

D001	D002	D004	D006	D007	F003	F006

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

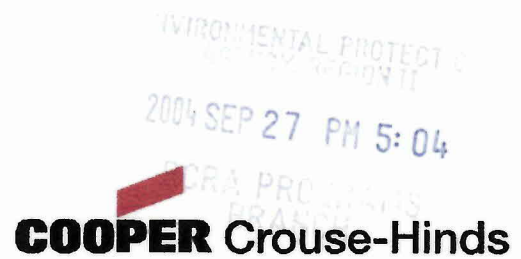
B001						

12. Comments (See instructions on page 20.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Dave Tretowicz- Director, Operations	9/17/04
		

Cooper Crouse-Hinds, LLC
PO Box 4999, Wolf & Seventh North Streets
Syracuse, NY 13221-4999
Voice: 315.477.5258, Fax: 315.477.5340
Email: dave.sensinger@crouse-hinds.com



September 15, 2004

Environmental Protection Agency – Region 2
290 Broadway
New York, NY 10007-1866
Phone: 212-637-3000
Fax: 212-637-3527
Email: <http://www.epa.gov/region02/>

Subject: Revision to Form 8700-12 for: NYD002227973

Dear Sirs:

Attached is a Form 8700-12 with the information reflecting the change in our company name:

- from: Cooper Crouse-Hinds Division
- to: Cooper Crouse-Hinds, LLC

Please contact me if there are any questions

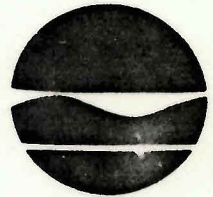
Sincerely,

Dave Sensinger,
Environmental Project Engineer

New York State Department of Environmental Conservation

7481 Henry Clay Blvd., Liverpool, New York 13088
Division of Regulatory Affairs, Region 7
(315) 428-4697

ENVIRONMENTAL PROTECTION
AGENCY, REGION 7
NEW YORK
1988 MAY 19 PM 2:57
PERMITS ADMINISTRATION
BRANCH



Thomas C. Jorling
Commissioner

April 29, 1988

Mr. Brian Biittner
Crouse-Hinds Construction Materials
PO Box 4999
Syracuse, NY 13221

PAB File
verify POI

Re: 6 NYCRR Part 373 Permit Application
for: Crouse-Hinds
EPA ID No.: NYD002227973

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Dear Mr. Biittner,

Article 27 of the Environmental Conservation Law mandates the New York State Department of Environmental Conservation (NYSDEC) to establish a program requiring permits for hazardous waste treatment, storage, and disposal facilities. DEC has promulgated regulations to implement this permit program, which are published at 6NYCRR Parts 370, 371, 372, 373-1, 373-2, 373-3, and 374.

This letter constitutes an official request for Part 373 permit application for the above referenced facility. Your application must be submitted no later than November 2, 1988. Your failure to submit the necessary information by the required date and any subsequent materials which may be required in a timely and efficient manner may be grounds for denial of the permit pursuant to 6NYCRR Part 621.14(b) and termination of interim status pursuant to 6NYCRR 373-1.3(h)(2). In addition, please note that as per 6NYCRR 373-1.3(h)(7), any facility (other than a land disposal or incinerator facility) will lose interim status on November 8, 1992 unless the owner or operator of the facility submits a Part 373 application for the facility on or before November 8, 1988.

The NYSDEC contact person for this facility is Mr. Michael McPeck. Please feel free to contact Mr. McPeck at (315) 428-4483 if you have any questions or if you need assistance in preparing your application.

In order to prepare your Part 373 permit application, you will need to refer to the following:

1. 6NYCRR Part 370: Hazardous Waste Management System: General.
2. 6NYCRR Part 371: Identification and Listing of Hazardous Waste.

3. 6NYCRR Part 372: Hazardous Waste Manifest System and Related Standards for Generators, Transporters and Facilities.
4. 6NYCRR Subpart 373-1: Hazardous Waste Treatment, Storage and Disposal Facility Permitting Requirements. Especially Section 373-1.5, the required contents of the Part 373 permit application.
5. 6NYCRR Subpart 373-2: Final Status for Owners and Operators of Hazardous Waste Treatment, Storage and Disposal Facilities. This subpart sets forth the technical standards which must be met by the facility.
6. 6NYCRR Part 374: Standards for the Management of Specific Hazardous Wastes and Specific Types of Hazardous Waste Management Facilities.
7. 6NYCRR Part 361: Siting of Industrial Hazardous Waste Facilities.
8. 6NYCRR Part 617: State Environmental Quality Review Procedures.
9. 6NYCRR Part 621: Uniform Procedures.

Copies of the regulations are available at the Region 7 Office.

Enclosed for your reference is a copy of the "Permit Applications' Guidance Manual for the General Facility Standards of 6NYCRR Part 373-1 and 373-2". This document contains useful guidance to assist you in preparing your permit application. Also enclosed is an environmental assessment form (EAF). 6NYCRR Part 617 requires NYSDEC to determine the environmental significance of the regulated activity. The EAF must be completed and submitted with the application in order for this determination to be made.

Your application format must be organized to follow the same order of required application elements in the enclosed "Regulatory Completeness Checklist for Hazardous Waste Storage, Treatment, and Disposal Facilities" which will be used by the NYSDEC to evaluate the completeness of your application. This will assist you in confirming that you are submitting a complete application as well as provide a table of contents for your application. Keep in mind that late or incomplete submittals are subject to enforcement action.

Please be aware that your facility is subject to 373-2.6(1) which requires that the owner or operator of a facility seeking a permit for the treatment, storage or disposal of hazardous waste institute

corrective action to clean up any contamination caused by prior releases of hazardous waste or hazardous waste constituents from any active or inactive solid waste management unit, regardless of when the waste was placed in the unit. In order for us to begin to address this requirement, we ask that you identify all the solid waste management units (SWMUs) at your facility and identify releases that have occurred from these units by completing the enclosed form, "Information Regarding Potential Hazardous Waste and Hazardous Waste Constituent Releases from Solid Waste Management Units". Return the completed form to the address listed below by July 5, 1988.

If your facility manages waste polychlorinated biphenyls (PCBs), note that these materials (see Section 371.4(e)) are listed as hazardous wastes in New York State and may need to be addressed in your Part 373 permit application. Meeting this requirement will not, however, excuse you from your duty to comply with the Toxic Substances Control Act and 40 CFR Part 761.

All information submitted in your application will be subject to public disclosure, to the extent provided by 6NYCRR Part 616, "Public Access to Records of the DEC", 6NYCRR Part 370, and 40 CFR Part 2. You may, however, make claims of confidentiality. Such claims must be clearly indicated by marking "Confidential" on the specific information for which confidential treatment is requested, and must be accompanied, at the time of submission, by a written substantiation of the claim answering the following questions:

- A. Which portions of the information do you claim are entitled to confidential treatment?
- B. How long is confidential treatment desired for this information?
- C. What measures have you taken to guard against undesired disclosure of the information to others?
- D. To what extent has the information been disclosed to others, and what precautions have been taken in connection with that disclosure?
- E. Has DEC, EPA, or any other state or federal agency made a pertinent confidentiality determination? If so, include a copy of such determination or reference to it, if available.
- F. Will disclosure of the information be likely to result in substantial harmful effects on your competitive position?

If so, what would those harmful effects be and why should they be viewed as substantial? Explain the causal relationship between disclosure and the harmful effects.

Information covered by a confidentiality claim and the above substantiation will be disclosed by DEC only to the extent and by means of the procedures set forth in 6NYCRR Part 616 and Part 370. If no claim of confidentiality accompanies the information when it is submitted, DEC may make the information available to the public without further notice to the submitter. For all claims of confidentiality, DEC is requesting that the applicant submit the application with those pages considered confidential clearly marked in a separate attachment to each of the individuals indicated below.

In order to assist you in developing the Part 373 permit application, and to familiarize the regulatory permitting personnel with the facility's status, a compliance evaluation inspection and application presubmittal meeting will be scheduled within the next two months. The facility contact will call you to establish a date. At this meeting, you should be prepared to demonstrate that the facility is in compliance with the 6NYCRR Part 373-3 Interim Status Standards. You should have the required documents (i.e. waste analysis plan, inspection schedule/log, personnel training records, contingency plan, operating record, annual report, closure plan, closure cost estimate) available for the compliance inspection with a copy prepared for use by the contact person.

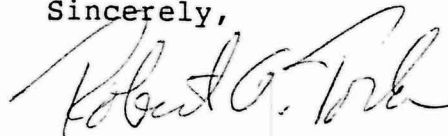
Please submit one copy of the complete application package to each of the following by November 2, 1988.

- Regional and/or Deputy Permit Administrator
- Regional Hazardous Waste Engineer
- Paul R. Counterman, P.E.
Director
Bureau of Hazardous Waste Facility Permitting
Division of Hazardous Substances Regulation
New York State Department of Environmental Conservation
50 Wolf Road
Albany, NY 12233-4016

- Chief
Hazardous Waste Facilities Branch
USEPA Region II
26 Federal Plaza
New York, NY 12078

Should you wish to discuss this letter, please contact

Sincerely,



Deputy Regional Permit Administrator

Enclosures

cc: w/o encl. -[Chief, Hazardous Waste Facilities Branch, USEPA]
[Regional Hazardous Waste Engineer]
[Director, Bureau of Hazardous Waste Fac. Permitting]
[Regional Contact Person]

✓
New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233

FILE COPY



Thomas C. Jorling
Commissioner

March 22, 1988

Mr. Herbert Mulholland
Chief
NY Compliance Section
U.S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, NY 10278

Construction materials Products Division

RE: Handler: 'Crouse-Hinds'
7th North and Wolf St.
Syracuse, NY 13221

EPA Identification Number: NYD002227973

Dear Mr. Mulholland:

On February 29, 1988, an compliance inspection was conducted at the above referenced handler. Enclosed, you will find a copy of the Inspection Forms pertaining to RCRA Land Restriction F-Solvent and California List Wastes.

These inspection forms are being sent to you since all enforcement activities relating to Land-Ban inspections are currently the responsibility of EPA.

Please contact Kevin Hanifin in our Region 7 Office at (315) 428-4483 if you have any questions. Also, please inform us of any proposed enforcement actions.

*Delete
GLB 0002
2/29/88*

Sincerely,

John L. Middelkoop, P.E.
Chief
Compliance Inspection Section
Bureau of Hazardous Waste Operations
Division of Hazardous Substances Regulation

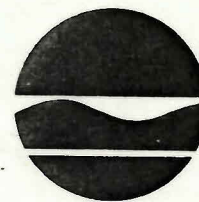
Enclosure

cc: w/o enc. - R. Brickwedde, Regional Attorney, Region 7
L. Gross, Regional Solid & Hazardous Waste Engr., Region 7
K. Hanifin, Inspector, Region 7

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233

1989 MAR 28 AM 11:32

PERMITS ADMINISTRATION
BRANCH



Thomas C. Jorling
Commissioner

March 15, 1989

Mr. Brian Bittner
Supervisor Environmental Affairs
Crouse Hinds
P.O. Box 4999
Syracuse, New York 13221

RE: Closure of Crouse Hinds → (construction materials)
EPA Identification Number: NYD002227973

Dear Mr. Bittner:

This letter is to confirm the receipt of owner/operator and independent professional engineer's certification dated February 3, 1989 of RCRA closure for this facility. We now consider this facility officially closed. Your authority to operate as a Treatment, Storage, and Disposal Facility (TSDF) is terminated.

Please be advised that the United States Environmental Protection Agency has determined that the corrective action provisions of the Hazardous and Solid Waste Amendments (HSWA) Section 3008(h) apply to all TSDF's which have acquired interim status.

The New York State Department of Environmental Conservation has established a program to evaluate the corrective action measures necessary at closed and closing facilities within the State. Once the corrective action provisions of HSWA have been met by the facility or determined not to be necessary at the facility, the facility can have their interim status terminated.

If you have any questions regarding your closure or regulatory status, please contact Mr. Thomas J. Killeen, of my staff, at (518) 457-3274.

Sincerely,

James Sibbald Moran
James Sibbald Moran, P.E.
Chief, RCRA Program Support Section
Bureau of Hazardous Waste Program Development
Division of Hazardous Substances Regulation

cc: L. Livingston, USEPA
Dit Fai Chueng, USEPA
J. Desai, Albany
L. Gross, RSHWE, Region 7

C12 is in PDS

3/29/89

✓C119=3

✓C1103=\$

✓C1105=6

✓C305=\$

✓C1804=L

✓CMT 9:

Dec 1989
reclass. note

701
502

DATE INSPECTION REPORT RECEIVED:

Major

Non-Major TSDE

Other

COMPLIANCE INSPECTION REVIEW RECORD

1985

Handler's Division Name:

EPA I.D. Number: N Y 7 0 0 2 2 2 7 9 7 3

Part A Submitted? Yes ☐ No ☐ Part B Submitted? Yes ☐ No ☐

Annual Report(s) Submitted? Yes No

Generator/Transporter for calendar year(s) _____, _____, _____, _____

Treatment, Storage & Disposal for calendar year(s) _____, _____, _____

Manifest Information Results:

Generation Rate: _____

For Small Quantity Generator, has letter been submitted to TSD? Yes ☐ No ☐

Past Enforcement? Yes No

If yes, what violations? _____

Inspection Findings and Questions:

Violations as a result of THIS inspection? Yes ☒ No ☐

Give Brief Description: No waste analysis plan

Inspector Contacted? Yes No (Comments noted on back.)

Recommendations:

Thank You Letter

Correction/Clarification Letter (enforcement)

Warning Letter w/o \$25,000 paragraph (enforcement)

Warning Letter w/\$25,000 paragraph (enforcement)

Other (Explain below):

EXPLANATION:

Date: 3/17/88 Review Record Done By: BUR

Review Record Done By: BUR

RECEIVED

MAR 9 1988

RCRA LAND DISPOSAL RESTRICTION INSPECTION

Facility: CROUSE HINDS

U.S. EPA I.D. No.: NY1200222-2923

Street: P.O. Box 8999

City: SYRACUSE State: New York Zip Code: 13221

Telephone: 315-477-7000

Operator: CROUSE HINDS

Street: 7th North + Wolf STREET

City: SYRACUSE State: New York Zip Code: 13221

Telephone: 315-477-7000

Owner: CROUSE HINDS

Street: 7th North + Wolf St.

City: SYRACUSE State: New York Zip Code: 13221

Telephone: 315-477-7000

Inspection Date: 2/24/88 Time: 1:30-PM Weather Conditions: Cloudy + Cold

	<u>Name</u>	<u>Affiliation</u>	<u>Telephone</u>
Inspectors:	<u>KEVIN B. HANFIELD</u>	<u>NYSDDEC</u>	<u>315-428-4413</u>

Facility Representatives: BRIAN BUTTNER

SUPERVISOR of ENVIROM + ENV. AFFAIRS

	<u>RCRA Status</u>	<u>F-Solvent</u>	<u>LDR Status</u> <u>California List</u>
Generator	<u>✓</u>	<u>✓</u>	<u> </u>
Transporter	<u> </u>	<u> </u>	<u> </u>
Treater	<u> </u>	<u> </u>	<u> </u>
Storer	<u>✓</u>	<u>✓</u>	<u> </u>
Disposer	<u> </u>	<u> </u>	<u> </u>

INSPECTION SUMMARY

Facility is aware of F wastes but has the proper handling of these wastes. No F wastes have been shipped off site since May of 1983.

RCRA LAND DISPOSAL RESTRICTION INSPECTION

TSD CHECKLIST

TSD REQUIREMENTS

A. General Facility Standards

1. Does the waste analysis plan cover Part 268 requirements [264.13 or 265.13]?

o F-solvent ☐ Yes ☒ No ☐ NA

o California List ☐ Yes ☒ No ☐ NA

2. Does the facility obtain representative chemical and physical analyses of wastes and residues?

☒ Yes ☐ No

a. What date was the waste analysis plan last revised? _____

b. Are analyses conducted on-site or off-site?

☐ On-site ☒ Off-site

Identify off-site lab: C&S

c. Is F-solvent waste analyzed using TCLP? Unknown

☐ Yes ☐ No ☐ NA

d. Describe the frequency of sampling: Once per year - required by disposal facility

e. Describe procedures used to identify manifest discrepancies:

No waste is brought into facility

3. Are the operating records, including analyses and quantities, complete [264.73/265.73]?

☐ Yes ☒ No

B. Storage (268.50)

1. Are restricted wastes stored on-site?

☒ Yes ☐ No

If no, go to C, Treatment in Surface Impoundments.

2. If yes, check the appropriate method.

☐ Tanks
☒ Containers

3. Are all containers clearly marked to identify the contents and date(s) entering storage?

☒ Yes ☐ No ☐ NA

4. Do operating records track the location, quantity of the wastes, and dates that the wastes enter and leave storage?

☒ Yes ☐ No

5. Do operating records agree with container labeling?

☒ Yes ☐ No ☐ NA

6. Have wastes been stored for more than 1 year since the applicable LDR regulations went into effect?

☐ Yes ☐ No ☒ NA

If yes, can the facility show that such accumulation is necessary to facilitate proper recovery, treatment, or disposal?

☐ Yes ☐ No

If yes, state how:

7. Have tanks been emptied at least once per year since the applicable LDR regulations went into effect?

____ Yes ____ No X NA

If yes, do the operating records show that the volume of waste removed from tanks annually equals or is more than the tank volume?

____ Yes ____ No

8. Are all tanks clearly marked with a description of the contents, the quantity of wastes received, and date(s) entering storage, or is such information recorded and maintained in the operating record?

____ Yes ____ No X NA

C. Treatment

1. Does the facility treat restricted wastes other than in surface impoundments?

____ Yes X No

If no, go to D; Treatment in Surface Impoundments.

2. Describe the treatment processes:

3. Does the facility, in accordance with an acceptable waste analysis plan, determine whether the residue from all treatment processes is less than treatment standards [268.7(b)]?

____ Yes ____ No

4. Describe frequency of testing treatment residuals:

5. Is dilution used as a substitute for treatment?

____ Yes ____ No

6. Are notifications prepared by the generators kept in the facility's operating record?

_____ Yes _____ No

7. Does the facility ship any waste or treatment residue that meets the treatment standards to an off-site disposal facility?

_____ Yes _____ No ☒ NA

No F type wastes have been shipped off site since May, 1976

- If yes, does the treatment facility provide notification and certification to the disposal facility?

_____ Yes _____ No

If yes, does notification contain the following?

EPA Hazardous waste number(s)	_____ Yes	_____ No
Applicable treatment standards	_____ Yes	_____ No
Manifest number	_____ Yes	_____ No
Waste analysis data, if available	_____ Yes	_____ No
Certification that the waste meets the treatment standards	_____ Yes	_____ No

Identify off-site disposal facilities: _____

D. Treatment in Surface Impoundments

1. Are restricted wastes placed in surface impoundments for treatment?

_____ Yes ☒ No

If no, go to E, Land Disposal.

2. If yes, did the facility submit to the Agency the waste analysis plan and certification of compliance with minimum technology and ground-water monitoring requirements?

_____ Yes _____ No

3. If the minimum technology requirements have not been met, has a waiver been granted for that unit?

_____ Yes _____ No

4. Are representative samples of the sludge and supernatant from the surface impoundment tested separately, acceptably, and in accordance with the sampling frequency and analysis specified in the waste analysis plan?

_____ Yes _____ No

Attach test results.

5. Do the hazardous waste residues (sludges or liquids) exceed the treatment standards specified in 268.41?

_____ Yes _____ No

6. Provide the frequency of analyses conducted on treatment residues: _____

7. Does the operating record adequately document the results of waste analyses performed in accordance with 268.41?

_____ Yes _____ No

8. Are the hazardous waste residues that exceed the treatment standards (268.41) removed adequately and on an annual basis?

Sludge _____ Yes _____ No

Supernatant _____ Yes _____ No

- a. If no, and supernatant is determined to exceed treatment concentrations, is annual volume of liquid flowing through the impoundment greater than the impoundment volume?

_____ Yes _____ No

- b. Are adequate precautions taken to protect liners, and do records indicate that liner integrity is inspected?

_____ Yes _____ No

- c. Are residues subsequently managed in another surface impoundment?

_____ Yes _____ No

- d. Are residues treated prior to disposal?

_____ Yes _____ No

If yes, are waste residues treated on-site or off-site?

_____ On-site _____ Off-site

Identify treatment method: _____

E. Land Disposal

1. Are restricted wastes placed in land disposal units such as landfills, surface impoundments waste piles, wells, land treatment units, salt domes/beds, mines/caves, or concrete vault or bunker?

_____ Yes ☒ No

Note: Do not include surface impoundments addressed in D, Treatment in Surface Impoundments.

If yes, specify which units and what wastes each unit has received: _____

2. Does the facility operating record have notices and certifications from generators/storer/treaters [268.7(c); 268.7(a),(b)]?

_____ Yes _____ No

3. Does the facility obtain waste analysis data or test the wastes (according to the waste analysis plan) to determine that the wastes comply with the applicable treatment standards [268.7(c)]?

_____ Yes _____ No

If yes, at what frequency? _____

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1,1,1-trichloroethane	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloro-1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
acetone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl benzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexanone	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the F003 waste stream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

☐ Yes ☒ No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

☐ Yes ☒ No
☐ Yes ☒ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine

☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No
☐ Yes ☒ No

6. Are any of the constituents listed in questions 1 through 5 used for their "solvent" properties -- that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

- (a) Are the constituents used as chemical carriers?

☐ Yes ☒ No

If yes, list the constituents.

- (b) Are the constituents used for degreasing/cleaning?

☒ Yes ☐ No

If yes, list the constituents.

- (c) Are the constituents used as diluents?

☐ Yes ☒ No

If yes, list the constituents.

- (d) Are the constituents used as extractants?

☐ Yes ☒ No

If yes, list the constituents.

(e) Are the constituents used for fabric scouring?

____ Yes ☒ No

If yes, list the constituents.

(f) Are the constituents used as reaction and synthesis media?

____ Yes ☒ No

If yes, list the constituents.

If the responses to questions 1 through 6 led the inspector to believe that the waste may be an F-solvent, answer question 7.

7. Are any of the above constituents spent solvents? (A solvent is considered "spent" when it has been used and is no longer usable without being regenerated, reclaimed, or otherwise reprocessed.) ☒ Yes ____ No

8. If the waste is a mixture of constituents as determined in questions 1 through 6, give the concentration before use of all the constituents in the solvent mixture/blend. For example:

5%	methylene chloride	4.5%
2%	trichloroethylene	
25%	1,1,1-trichloroethane	- 95.5%
68%	mineral spirits	
100%		

*inhibitor package - Butylac oxide
Diethylene Ether
Not to be used*

If the waste stream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the waste stream is mixed and contains only F003 constituents, it is a listed waste. For example:

33%	acetone
16%	methanol
51%	ethyl ether
100%	

If the waste stream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

50%	xylene (F003)
12%	TCE (F001)
<u>38%</u>	mineral spirits
100%	

If in light of the above, the handler appears to be generating F001 - F005 hazardous wastes, refer this facility to the enforcement official for followup actions verifying the use of solvents at the facility.

APPENDIX B
TREATMENT STANDARDS FOR F-SOLVENTS

F001-F005 SPENT SOLVENTS	CONCENTRATION (IN MG/L)	
	WASTEWATERS	OTHER WASTES
Acetone	0.05	0.59
N-butyl	5.0	5.0
Carbon disulfide	1.05	4.81
Carbon tetrachloride	.05	.96
Chlorobenzene	.15	.05
Cresols (and cresylic acid)	2.82	.75
Cyclohexanone	.125	.75
1,2-dichlorobenzene	.65	.125
Ethyl acetate	.05	.75
Ethyl benzene	.05	.053
Ethyl ether	.05	.75
Isobutanol.	5.0	5.0
Methanol	.25	.75
Methylene chloride	.20	.96
Methylene chloride (from the pharmaceutical industry)	12.7	.96
Methyl ethyl ketone	0.05	.75
Methyl isobutyl ketone	0.05	.33
Nitrobenzene	0.66	0.125
Pyridine	1.12	0.33
Tetrachloroethylene	0.079	0.05
Toluene	1.12	0.33
1,1,1-Trichloroethane	1.05	0.41
1,2,2-Trichlor 1,2,2-trifluoroethane	1.05	0.96
Trichloroethylene	0.062	0.091
Trichlorofluoromethane	0.05	0.96
Xylene	0.05	0.15

Wastes shipped to:

TSD NAME LOCATION EPA ID NO.	TYPE OF FACILITY T/D METHODS	WASTE CODE	WASTE QUANTITY	COMMENTS (shipment dates, waste descriptions, etc.)
Crouse Hinds Syracuse N.Y. NYD 002227973	NA	F001	15-55 gal drums	No F001 waste has been
		F002	16-55 gal drums	shipped off site since 5/29/86



INSPECTION FORM

Region: 7
 LAND BASED TSDF
 COMMERCIAL TSDF
 OTHER TSDF X
 F WASTE GENERATOR X
 OTHER GENERATOR
 SUBSTITUTION

NEW YORK STATE INDUSTRIAL HAZARDOUS WASTE MANAGEMENT ACT
 (Chapter 639, Laws of 1978)

Prepared for:

NEW YORK STATE DEPARTMENT OF ENVIRONMENT CONSERVATION
 Thomas C. Jorling, Commissioner

Send to: Division of Hazardous Substances Regulation
 Compliance Inspection Section
 50 Wolf Road - Room 208
 Albany, New York 12233-0001

EPA I.D. NUMBER: NY 0002227973

*HANDLER'S NAME (Corporate): CROUSE HANDS
 (Division):

*HANDLER'S MAILING ADDRESS: P.O. Box 4999
 City & State Syracuse, New York Zip Code 13221

*HANDLER'S LOCATION ADDRESS: 7th North - White Street
 (if different than mailing)
 City & State Syracuse, New York Zip Code 13221

*HANDLER'S TELEPHONE NUMBER: (315) 477-7000 Extension

*FULL NAME OF HANDLER'S CONTRACT: (Mr.) (Ms.) Brian Buttner

*SIGNATURE OF HANDLER'S CONTACT: Brian Buttner

(This signature is not an admittance to any violations cited herein. It merely acknowledges that an inspection took place.)

*TITLE OF HANDLER'S CONTACT: SUPERVISOR OF Energy + ENVIRONMENTAL AFFAIRS

INSPECTION DATE: 2/24/1988 TIME OF INSPECTION: (a.m.) 1:30 (p.m.)

COUNTY: ONONDAGA E/A NUMBER: 3 1 1 5 0 0

INSPECTOR'S NAME: Kevin B. Hanifan
 TITLE: SWMS II
 NAME:
 TITLE:

CHECK ONE: Copy of THIS report (has) (X has not) been given to the Handler.

REPORT PREPARED BY: Kevin B. Hanifan DATE: 3/1/88
 REPORT APPROVED BY: DATE:

PART I

General Information and Classification of Facility

1. Identification of Hazardous Waste - 371

Yes

No

A. Is there reason to believe the facility has hazardous waste on-site? If yes, what leads you to believe it is hazardous waste? Check appropriate box/boxes and attach any applicable correspondence with DEC or EPA:

☒

—

(1) ☒ Company recognizes that its waste is hazardous during the inspection.

(2) ☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A permit application.

(3) ☒ Testing has shown characteristics of:

(☒) Ignitability - 371.3(b);

(☒) Corrosivity - 371.3(c);

() Reactivity - 371.3(d);

() EP Toxicity - 371.3(e).

— Has revealed hazardous constituents (please attach analysis report) 371.4(a)(2), Appendix 22, Appendix 23

(4) ☒ The material is listed in the regulations as a hazardous waste from non-specific sources 371.4(b).

(5) — The waste is listed in the regulations as a hazardous waste from specific sources. 371.4(c).

(6) — The material or product is listed in the regulations as discarded commercial chemical products, off-specification species, container residues and spill residues thereof. 371.4(d).

(7) — Company is unsure, but have reason to believe that waste materials are hazardous. (Explain) _____

B. Is there reason, other than those above, for you to believe that there is hazardous waste on site? (Explain) No

C. What other environmental permits are held by the company, relative to hazardous waste management?

___ SPDES Permit Number

___ Air Permit Number

___ Part 364 Industrial Waste Transporter Permit (indicate this company's permit number if any)

Please describe other relative (if any) permits and give the name, address, Part 364 Permit Number and EPA I.D. Number of transporter(s) used by company.

SERVICE SAN - NYD 980762140 - FA034, TONAWANDA TANK - NYD 092644801 - 9A080

ENSICO INC. - ARD 064742192 - AR001, Solvent & Petroleum - NYD 013272434 - 7A072

D. If the facility is a treatment, storage or disposal facility, have they:

☒ Submitted a Part A application.

No Have changes been made that are not reflected in the Part A application?

___ Should the Part A be modified by the Company? If so, explain.

No Submitted a Part B application.

No Been granted a Part 373 permit.

If so, when does it expire: _____

Please attach or explain any special conditions or variances - 373-1.1(e)

____ Been granted a hazardous waste Part B permit.

If so, also complete Appendix M.

- E. Describe the activities that result in the generation of hazardous waste. Include the company's manufacturing processes. Facility manufactures

electrical components for secondary electrical power distribution and lighting systems.

Zinc hydroxide Sludge from water - F006 - Tank Bottoms - F006

Waste HCl + H₂SO₄ mixture from cleaning + cleaning of Iron Castings - D002

Acid Tank bottoms - D002 - from cleaning of acid tanks

Paint Cleaning Waste from cleaning of paint operation equipment - F003

- F. Identify the hazardous wastes that are on-site and the quantity of each (use the identification numbers referred to in Part 371). _____

6075 gallons of Waste Acid mixture - HCl + H₂SO₄ - D002

11- 55 gallon drums of waste 1,1,1 Trichloroethane - F001

2- 55 gallon drums of PCB Capacitors -

70- 55 gallon drums of ZnOH Sludge - F006

16- 55 gallon drums of Methylene Chloride still Bottoms - F002

2- 55 gallon drums of Paint waste (D001)

5- Yards of ZnOH Sludge - F006

- G. The handler notified EPA as a:

Generator + TSD

EPA or DEC has not modified handler's status

2. Status Identification:

This handler should be inspected as a (check each appropriate category after considering exemptions).

A. Transporter - complete Appendix B

B. Generator Status Identification 372.1

1. Category 1 generator - small quantity generator - generates less than 100 kg/mo and stores less than 100 kg. - 372.1(e)(1)(vii)(a) Complete Part II, 1A.
2. Category 2 generator - small quantity generator - generates less than 100 kg/mo and stores more than 100 kg but less than 1,000 kg. - 372.1(e)(1)(vii)(b) - Complete Part II, 1B.
3. Category 3 generator - small quantity generator - generates more than 100 kg/mo but less than 1,000 kg/mo and stores less than 1,000 kg. - 372-1.(e)(1)(viii) - Complete Part II, 1B and 1C.
4. ☒ Category 5 generator - generated 1,000 kilograms or more per month or generated acute hazardous waste in quantities greater than those specified in Part 372.1(e)(1)(v). Complete Part II. Generators over sole source aquifers also complete Appendix A.
5. ☒ Category 6 generator - stores 1,000 kilograms or more or stores acute hazardous waste in quantities greater than those specified in Part 372.1(e)(1)(v). Complete Part II. Generators over sole source aquifers also complete Appendix A.

C. Treatment, Storage or Disposal Facility Status

1. Is hazardous waste generated and stored on-site? If so:
 - (a) Yes Has hazardous waste been stored on-site longer than 90 days? 373-1.1(d)(1)(iii) - If yes, complete Appendix A.
 - (b) No Has more than 8,800 gallons of hazardous waste been stored in containers? 373-1.1(d)(iii)(a) - If yes, complete Appendix A.
 - (c) No Has more than 20,000 gallons of hazardous waste been stored in tanks? 373-1.1(d)(iii)(b) - If yes, complete Appendix A.

2. No Hazardous waste received from off-site and not beneficially used, reused or legitimately recycled or stored. If yes, complete Appendix A.
 3. No Hazardous waste is treated on-site.
 4. No Hazardous waste is disposed on on-site.
3. Exemptions
- A. Generator Exemptions NA
- (1) — Not a regulated handler (be sure to indicate why in Part I 1F and 1G and/or in appropriate exemption below - for example the company notified for precautionary reasons or the waste generated is not hazardous as specified in 371.1(e)(2).
 - (2) — Delisted hazardous waste. IDENTIFY the waste that was delisted: (If the company is in the delisting process they are still regulated until their delisting petition is favorably approved). Complete appropriate parts depending on company status.

 - (3) — Exemption for used engine lubricating oil. 372.1(e)(8)
 - (4) — Exemption for publicly owned treatment works. 372.1(e)(4)
 - (5) — Samples collected for testing. 372.1(e)(5)
 - (6) — Residues of hazardous waste in empty containers. 372.1(e)(6)
 - (7) — A hazardous waste which is generated in a product or raw material storage tank, a product or raw material transport vehicle or vessel, a product or raw material pipeline, or in a manufacturing process unit or an associated non-waste treatment manufacturing unit is not subject to regulation until it exits the unit in which it was generated, unless the unit is a surface impoundment, or unless the hazardous waste remains in the unit more than 90 days after the unit ceases to be operated for manufacturing, or for storage or transportation of product or raw materials. 372.1(e)(7).

B. TSD Exemptions *NA*

1. TSD exemptions - 373-1.1(d)(1) (for facilities and operations that manage hazardous waste other than waste oil).
 - (a) — Storage of hazardous wastes, other than those indicated in 373-1.1(d)(4) prior to its beneficial use or reuse or legitimate recycling or reclamation. 373-1.1(d)(1)(vi). If yes, complete Part II, 3, 5, 6, 7.
 - (b) — Beneficial use or reuse or legitimate recycling or reclamation of a characteristic hazardous waste not identified in 373-1.1(d)(5) other than sludge. (373-1.1(d)(1)(vii)).
 - (c) — Beneficial use or reuse or legitimate recycling or reclamation of a listed hazardous waste or hazardous waste sludge other than at commercial facilities. Units utilized for precious metal recovery at commercial facilities are exempt. Recyclable materials listed in 373-1.1(d)(5) are not exempt. Recyclable materials listed in 373-1.1(d)(5) are not exempt. Any off-site facility must have an EPA identification number. (373-1.1(d)(1)(viii)). Complete manifest questions.
 - (d) — The treatment of characteristic hazardous waste other than sludge prior to its beneficial use or reuse or legitimate recycling or reclamation. Recyclable materials listed in 373-1.1(d)(5) are not exempt. 373-1.1(d)(1)(ix). Complete manifest questions.
 - (e) — The treatment of a listed hazardous waste or hazardous waste sludge prior to its beneficial use or reuse or legitimate recycling or reclamation other than at commercial facilities. Units utilized for precious metal recovery at commercial facilities. Units utilized for precious metal recovery and commercial facilities are exempt. Any off-site facility must have an EPA identification number and comply with manifesting requirements. Recyclable materials listed in 373-1.1(d)(5) are not exempt. (373-1.1(d)(1)(x)).
 - (f) — Totally enclosed treatment facility (373-1.1(d)(1)(xi)).
 - (g) — Elementary neutralization units or wastewater treatment units other than units located at

commercial facilities. Units utilized for precious metal recovery at commercial facilities are exempt. If yes, complete Part II, 2, 3C, 3D. (373-1.1(d)(1)(xii)).

- (h) — The addition of absorbent material with the purpose of preparing the waste for incineration or to fill void spaces in containers intended for land disposal. If yes, complete Part II 3.C.2, 3.C.3, 3.C.8. (373-1.1(d)(1)(xvii)).

2. TSD exemptions - 373-1.1(d)(2) (for facilities and operations that manage waste oils).

- (a) — Storage or treatment of waste oil generated on-site prior to its beneficial use or reuse or legitimate recycling or reclamation if the waste oil is not a listed hazardous waste, and the waste oil is not a hazardous sludge. 373-1.1(d)(2)(ii). If yes, complete Part II: 2, 3C, 3D, 5, 6, 7.
- (b) — Exemptions for storage of waste oil at an energy recovery facility prior to its on-site combustion of such waste oils are not listed hazardous wastes, waste oils are not hazardous sludges, and the facility stored less than 80,000 gallons of waste oil. 373-1.1(d)(2)(iii). If yes, complete Part II: 2, 3C, 3D, 5, 6, 7.
- (c) — Combustion units that recover energy from waste oil, other than listed hazardous waste and sludges and the related treatment on-site of such combustion units.

3. TSD exemptions - (for facilities and operations that manage hazardous waste or waste oils).

- (a) — Storage of hazardous waste generated and stored on-site for 90 days or less and 8,800 gallons or less is stored in containers or 20,000 gallons or less is stored in tanks. The facility can not be located in a geographical area overlying a sole source aquifer. If yes, complete Part II, 2B, 3. 373-1.1(d)(1)(iii).
- (b) — Storage or treatment of hazardous waste on-site of generation if generated and stored less than 1,000 kilograms of hazardous waste in each calendar month and not generate or store acute hazardous waste as described in 373-1.1(d)(1)(i)(b). 373-1.1(d)(1)(v).

- (c) ☐ Treatment or containment activities during an immediate response 373-1.1(d)(1)(xiii).
- (d) ☐ Accumulation areas. If yes, complete Part II: 3C, questions 1-5. 373-1.1(d)(1)(xiv).
- (e) ☐ Storage of manifested shipments of hazardous waste in containers or vehicles by a transporter at its own transfer facility for 5 days or less. If yes, complete Appendix B: 3. 373-1.1(d)(1)(xv).

4. Environmental Facilities Corporation (EFC) Survey

The following questions are voluntary:

The Environmental Facilities Corporation (EFC) is actively involved in the industrial materials recycling program, and these questions will assist EFC in carrying out this program. It may also be beneficial to the facility being inspected in that acceptable markets or more economical alternatives to the facility's current disposal techniques may be brought to their attention.

- A. Does the company believe their hazardous waste has the potential for recovery, reclamation or exchange with other companies to minimize disposal costs?
- ☒ Yes ☐ No ☐ Don't Know

If yes:

- B. Does the company wish to list their waste stream in the Northeast Industrial Waste Exchange Listings Catalog?
- ☐ Yes ☐ No ☒ Don't Know
- C. Does the company want to receive additional information about the potential for waste exchange?
- ☒ Yes ☐ No ☐ Don't Know
- D. Does the company wish to obtain assistance from the New York State Environmental Facilities Corporation to assess the potential for recovery, reclamation or exchange of the hazardous waste stream?
- ☒ Yes ☐ No ☐ Don't Know

Contact: Environmental Facilities Corporation,
50 Wolf Road, Room 527,
Albany, New York 12233 at (518) 457-4138.

Part II

Generator Inspection Section

Refer to questions based upon category checked in Part I.

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

1. Requirements for Category 1-3 Generators:

A. If Category 1, the generator has:

— disposed of hazardous waste in a solid waste facility -
372.1(e)(1)(vii)(a)(2). NA

— made a hazardous waste determination -
372.1(e)(1)(vii)(a)(1) NA

B. If Category 2 or 3, the generator has met the following:

— made a hazardous waste determination -
372.1(e)(1)(vii)(b)(1) NA

— disposed of in authorized hazardous waste facility -
372.1(e)(1)(vii)(b)(2) NA

— used appropriate containers; properly packaged,
labeled and marked during storage and shipment -
372.1(e)(1)(vii)(b)(4) NA

— had containers and tanks stored properly; not open,
not handled or stored in a way which may cause it
to leak; inspected at least quarterly -
372.1(e)(1)(vii)(b)(5) NA

— had tanks designed, constructed and operated in
accordance with regulations - 372.1(e)(1)(vii)(b)(6) NA

— had tanks properly sheltered and protected -
372.1(e)(1)(vii)(b)(7) NA

C. If Category 3 generator, has:

— annual report prepared and sent to DEC -
372.1(e)(1)(viii)(f) and NA

— obtained an EPA Identification Number -
372.1(e)(1)(viii)(b) NA

Indicate:

X Violations

For Category 5 and 6 generators complete remainder of Part II.

Indicate:

X Satisfactory

NA Not Applicable

2. General Requirement

- A. — The generator has made a determination as to whether or not his solid waste is a hazardous waste - 372.2(a)(2) X

3. On-site accumulation of hazardous waste prior to shipment

- A. — All such wastes are shipped off-site to an authorized treatment, storage or disposal (TSD) facility in 90 days or less. 372.2(a)(8)(ii) NA

- B. — The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container or tank. 372.2(a)(8)(ii) NA

- C. Standards for management of containers - 372.2(a)(8)(ii); 373-3.9 (This section will also be completed for TSD's as referred to from Appendix A.)

1. What type of containers are used for accumulation? Describe the size, type. (e.g., 12 fifty-five gallon drums of waste acetone).

55 gallon Drums - See Page I-3

20 yd Roll off - See Page I-3

2. — Each container is marked with the word "Hazardous Waste." 372.2(a)(8): 373-1.1(d)(1)(iii) X

3. — The containers appear to be in good condition and are not in danger of leaking. (If containers are leaking, describe the type, condition and number that are leaking or corroded. Be detailed and specific) - 373-3.9(b) X

Indicate:

X Violations

Indicate:

X Satisfactory

NA Not Applicable

4. ☐ Hazardous waste is stored in containers made of compatible materials 373-3.9(c).
(If not, please explain).

X

5. ☐ All containers except those in use are closed - 373-3.9(d)(1)

X

6. ☐ Containers holding hazardous waste must not be opened, handled or stored in a manner which may rupture the container or cause it to leak - 373-3.9(d)(2)

X

7. ☐ The storage area is inspected at least weekly - 373-3.9(3)

X

8. The generator complies with the following special requirements related to storage of ignitable, or reactive wastes. 373-3.9(f):

- (a) ☐ Containers holding ignitable or reactive waste are located at least 15 meters (50 feet) from the facility property line - 373-3.9(f).

X

- (b) ☐ Generator has taken precautions to prevent accidental ignition or reaction of ignitable or reactive waste - 373-3.2(h)(1).

X

- (c) ☐ Generator has placed "No Smoking" signs conspicuously wherever there is a hazard from ignitable or reactive waste - 373-3.2(h)(1).

X

9. The generator complies with the following special requirements related to incompatible wastes: 373-3.9(g)

- (a) The storage of ignitable or reactive wastes, and the mixture or commingling of incompatible wastes, or incompatible wastes and materials, is conducted to prevent: 373-3.2(h)(2)

- (1) ☐ the generation of extreme heat or pressure, fire or explosion, or violent reaction - 373-3.2(h)(2)(i)

X

- (2) ☐ production of uncontrolled toxic mists, fumes, dusts or gases in sufficient quantities to pose a risk of fire or explosions - 373-3.2(h)(2)(ii)

X

Indicate:

X Violations

- (3) — production of uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions - 373-3.2(h)(2)(iii) X
- (4) — the damage to the structural integrity of the device or facility containing the waste - 373-3.2(h)(2)(iv) X
- (5) — a threat to human health or the environment - 373-3.2(h)(2)(v) X
- (b) — Hazardous waste must not be placed in an unwashed container that previously held an incompatible waste or material. 373-3.9(g)(2) X
- (c) — Hazardous waste in containers stored nearby incompatible waste or material is separated by the incompatible waste by a dike, berm, wall or other device. 373-3.9(g)(3) X

D. Standards for management of tanks - 372.2(a)(8)(ii); 373-3.10

1. What are the approximate number and size of tanks containing hazardous waste?

3-2700 gallons - Fiberglass tanks

2. Identify the waste treated/stored in each tank. Include whether they are above or below ground.

Spent HCl + H₂SO₄ Acid mixture - Above
ground tanks - Inside building

3. — Each tank is marked with the words "Hazardous Waste" X

Tank General Operating Requirements - 373-3.10(b)

4. — Hazardous wastes or treatment reagents are not placed in a tank, if they could cause the tank or its inner liner to rupture, leak, corrode, or otherwise fail before the end of its intended life - 373-3.10(b)(2). If so, please explain. X
5. — Uncovered tanks have at least 60 centimeters (2 ft.) of freeboard or an adequate containment structure - 373-3.10(b)(3) NA

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

6. ☐ Where waste is continuously fed into a tank, the tank must be equipped with a means to stop the inflow (e.g., bypass system to a standby tank or a waste feed cutoff system) - 373-3.10(b)(4)

NA

Tank Waste Analysis - 373-3.10(c)

7. ☐ There is a waste analysis plan if tank is to be used to chemically treat or store a hazardous waste substantially different from the previous waste, or if a different process is used from the previous process. (Complete Appendix A, Number 3).

NA

Tank Inspections - 373-3.10(b)

8. Tank(s) are inspected each operating day for:

- (a) ☐ discharge control equipment (e.g., waste feed cutoff systems, bypass systems and drainage systems) - 373-3.10(d)(1)(i)
- (b) ☐ monitoring equipment (e.g., pressure and temperature gauges) - 373-3.10(d)(1)(ii)
- (c) ☐ level of waste in tank to ensure proper freeboard - 373-3.10(d)(1)(iii)

X

NA

X

9. Tank(s) are inspected weekly for:

- (a) ☐ Corrosion or leaking of fixtures or seams - 373-3.10(d)(iv)
- (b) ☐ Erosion or obvious signs of leakage (e.g., wet spots or dead vegetation) of the construction materials of, and the area immediately surrounding discharge confinement structures (e.g., dikes) - 373-3.10(d)(v)

X

X

Ignitable or reactive wastes - 373-3.10(f)

10. ☐ Ignitable or reactive waste is placed in a tank and the waste is stored, treated, rendered or mixed before or immediately after placement in the tank so that the resulting wastes, mixture or dissolution of material is no longer ignitable or reactive.

NA

11. ☐ Ignitable and reactive waste is stored in a tank and the tank is used solely for emergencies.

NA

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

12. — Storage of ignitable or reactive waste in covered tanks complies with the National Fire Protection Association's (NFPA's) buffer zone requirements for tanks, contained in Tables 2-1 thru 2-6 of the "Flammable and Combustible Liquids Code, 1981." NA

Incompatible Wastes - 373-3.10(g)

13. — Incompatible wastes, or incompatible wastes and materials must not be placed in the same tank unless 373-3.2(h)(2) is complied with - 373-3.10(g)(1). NA

14. — Incompatible wastes must not be placed in an unwashed tank which previously held an incompatible waste or material unless 373-3.2(h)(2) is complied with. 373-3.10(g)(2) NA

Special Requirements in sole source aquifer areas - 373-3.10(h).

15. — The base underlying the tank is free of cracks and is sufficiently impervious to contain leaks. NA

16. — The base is designed to drain or the tank is elevated to prevent contact with accumulated liquids. NA

17. — Containment system can contain at least 110 percent of tank volume. NA

18. — Run-on into containment system is prevented or designed for. NA

19. — Leaked waste or accumulated precipitation is timely removed to prevent possible overflow. NA

4. Manifest Records and Reporting

- A. — It appears, from the available information, that there is manifest copy available for each hazardous waste shipment off-site that has been made. - 372.2(b)(5)(i). X

If "violation" checked or "don't know," please elaborate.

Indicate:

X Violations

B. Describe the approximate size of an average shipment made and how many shipments per month? _____

VARIES

Indicate:

X Satisfactory
NA Not Applicable

C. Each manifest (a representative sample) has the following information: -
372.2(b)(1); Appendix 30

	Generator	Transporter 1	Transporter 2	TSDf	
1. Name of	<u>X</u>	<u>X</u>	—	<u>X</u>	<u>X</u>
2. EPA ID No. of	<u>X</u>	<u>X</u>	—	<u>X</u>	<u>X</u>
3. Mailing Address of	<u>X</u>	<u>X</u>	—	<u>X</u>	<u>X</u>
4. Telephone No. of	<u>X</u>	<u>X</u>	—	<u>X</u>	<u>X</u>
5. Manifest Document #	—	—	—	—	<u>X</u>
6. The proper USDOT description.					
7. The appropriate: <u>X</u> quantity, <u>X</u> container number, container type, and <u>X</u> waste type by units of weight or volume.					
8. Signed certification that the materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation under regulations of the USDOT and NYSDEC - 372.2(a)(4) and 372.2(a)(5) and 372.2(a)(6).					<u>X</u>
9. Signed copies of the manifest records have been retained at the facility for at least three years - 372.2(c)(1)(i).					<u>X</u>
D. There is written communication that the designated treatment, storage or disposal facility is an authorized treatment, storage or disposal facility for the particular wastes being offered for shipment and has capacity to accept the hazardous waste set forth on the manifest and will assure the ultimate disposal method is followed. 372.2(b)(2)(i)					<u>X</u>

Indicate:Indicate:

X Violations

X Satisfactory
NA Not Applicable

- E. — The generator must distribute copies of the manifest as specified on the manifest form. 372.2(b)(3). X
- F. International shipments - 372.5
1. — EPA has been notified four weeks prior to shipment of hazardous waste destined for treatment, storage or disposal outside the United States - 372.5(b)(1). X
2. — Delivery of the wastes has been confirmed within 90 days of acceptance of initial transporter - 372.5(b)(2). X
3. — The generator has identified the point of departure from the United States through which the waste must travel before entering a foreign country - 372.5(b)(3)(ii). X
- G. — Has complied with interstate shipments - 372.6 X
- H. — Has complied with shipments by rail or water (bulk) - 372.7 NA
- I. — Copies of all records have been kept for at least three years (e.g., annual reports, manifests, exception reports, sampling data) - 372.2(c)(1)(i),(ii), and (iii). X
- J. — All records required under this subdivision were furnished upon request, or made available at a reasonable time for inspection - 372.2(c)(1)(iv). X
- K. — The generator has received signed copies (from the TSD facility) of all manifests for wastes shipped off-site more than 20 days ago: X
- If not, exception reports have been submitted covering these shipments - 372.2(c)(3) NA
- L. — A generator annual report has been prepared and sent to the Department. 372.2(c)(2) X
5. Personnel Training - 372.2(a)(8)(ii) and 373-3.2(g)
- A. There is a:
- written description of the job title for each position at the facility related to hazardous waste management and name of the employee filling each job - 373-3.2(g)(4)(i) X
- written job description for each position 373-3.2(g)(4)(ii) X

Indicate:

Indicate:

X Violations

X Satisfactory
NA Not Applicable

- written description of the type and amount of both introductory and continuing training that will be given to each person related to hazardous waste management - 373-3.2(g)(4)(iii) X
- records that document the training or job experience required 373-3.2(g)(4)(iv) has been given to and completed by facility personnel. X
- B. — The training program is directed by a person trained in hazardous waste management procedures and must include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed. 373-3.2(g)(1)(i),(ii) and (iii). The components are: X
- (1) — Procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment; X
- (2) — Key parameters for automated waste feed cutoff systems; NA
- (3) — Communications or alarm systems; X
- (4) — Response to fires and explosions; X
- (5) — Response to groundwater contamination incidents; and X
- (6) — Shutdown of operations. X
- C. — Facility personnel have successfully completed the program by the effective date of these regulations, or six months after the date of their employment. 373-3.2(g)(2) X
- D. — Facility personnel have taken part in an annual review of the initial training required. 373-3.2(g)(3) X
- E. — Training records on current personnel have been kept permanently at the facility (until closure). 373-3.2(g)(5) X
- F. — Training records on former employees have been kept for at least three years from the date the employee last worked at a facility. 373-3.2(g)(5) X

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

6. Preparedness and Prevention - 372.2(a)(8)(ii); 373-3.3

- A. ☐ The facility is maintained and operated to minimize the possibility of a fire or explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil or surface water - 373-3.3(b). ☒
- B. The facility must be equipped with the following (Check missing equipment if needed in this facility's particular operations.) - 373-3.3(c)
- (1) ☐ An internal communication or alarm system capable of providing immediate emergency instruction (voice or signal) to facility personnel; ☒
- (2) ☐ A device, such as a telephone or a hand-held, two-way radio capable of summoning emergency assistance from local police departments, fire departments or state or local emergency response teams; ☒
- (3) ☐ Portable fire extinguishers, fire control equipment. ☒
- (4) ☐ Water at adequate volume and pressure to supply water hose streams, or foam-producing equipment, or automatic sprinklers, or water spray systems. ☒
- C. ☐ Facility communications or alarm systems, fire protection equipment, and spill control equipment are tested and maintained as necessary to assure their proper operation in time of emergency. - 373-3.3(d) ☒
- D. ☐ Personnel involved in hazardous waste operations have immediate access to an internal alarm or emergency communication device. 373-3.3(e) ☒
- E. ☐ The facility has the required aisle space - 373-3.3(f) (Inspections should be able to be made of each drum and space should be sufficient to fight a fire). ☒
- F. The facility owner or operator has made an attempt in good faith to make the following arrangements with local authorities, as appropriate for the type of waste handled at the facility and the potential need for the services of these organizations - 373-3.3(g)(1):
- (1) ☐ Arrangements to familiarize police, fire departments and emergency response teams with the functions and layout of the facility; ☒

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

- (2) — Where more than one police and fire department might respond to an emergency, an agreement designating primary emergency authority to a specific police and a specific fire department, and agreements with any others to provide support to primary emergency authority; X
- (3) — Agreements with government emergency response teams, emergency response contractors, and equipment suppliers; X
- (4) — Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illness which could result from fires, explosions or releases at the facility; and IN PLANT Medical Staff NA
- (5) — Where state or local authorities decline to enter into such arrangements, the owner or operator has documented the refusal in the operating record. NA

7. Contingency Plan and Emergency Procedures - 372.2(a)(8)(ii); 373-3.4

A. — The facility has a contingency plan or some other emergency plan which incorporates hazardous waste management. X

B. The following are included in the contingency plan - 373-3.4(c)

- (1) — A description of actions facility personnel must take in response to fires, explosions or any unplanned sudden or non-sudden releases of hazardous waste or hazardous waste constituents to air, soil or surface water; X
- (2) — A description of arrangements agreed to by local police departments, fire departments, hospitals, contractors, and state and local emergency response teams to coordinate emergency services; X
- (3) — Names, addresses and phone numbers of all persons qualified to act as emergency coordinator; X
- (4) — A list of all emergency equipment at the facility, and decontamination equipment, where this equipment is required; X
- (5) — The location and the physical description of each item on the list, and a brief outline of its capabilities; X

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

- (6) — An evacuation plan for facility personnel, where there is a possibility that evacuation could be necessary. X
- C. — Copies of the contingency plan are maintained at the facility. 373-3.4(d)(1) X
- D. — Copies of the contingency plan have been submitted to all local police departments, fire departments, hospitals, and state and local emergency response teams that may be called upon to provide emergency services. 373-3.4(d)(2) X
- E. — The contingency plan has been amended. 373-3.4(e) X
- F. — There was at least one employee either on the facility premises or on call with the responsibility for coordinating all emergency response measures - 373-3.4(f) X
- G. — During a past emergency situation the emergency coordinator (or his designee when the emergency coordinator is not on call) immediately activated emergency procedures - 373-3.4(g). NA

The following was done:

- (1) — Activated internal facility alarms or communication systems; NA
- (2) — Notified appropriate state or local agencies; NA
- (3) — Immediately identified the character, extent, exact source, amount and areal extent of any released materials; NA
- (4) — The emergency coordinator assessed possible hazards to human health and the environment; NA
- (5) — The emergency coordinator, after determining that that facility had a release, fire or explosion which could threaten human health or the environment outside the facility, reported his findings; NA
- (6) — During the emergency, the emergency coordinator took all reasonable measures necessary to ensure that fire, explosions and releases do not occur, recur or spread to other hazardous waste; NA
- (7) — The emergency coordinator monitored for leaks, pressure buildup, gas generation or ruptures in

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

valves, pipes or other equipment, where appropriate during the facility's response to the emergency;

NA

- (8) — The emergency coordinator provided for treating, storing or disposing of recovered waste, contaminated soil or surface water, or any other material that resulted from a release, fire or explosion at the facility; NA
- (9) — The emergency coordinator ensured that in the affected area no waste that may be incompatible with the released material was treated, stored or disposed of prior to cleanup procedures being completed; NA
- (10) — The emergency coordinator ensured that all emergency equipment listed in the contingency plan was cleaned and fitted for its intended use before operations were resumed; NA
- (11) — The owner or operator notified the Commissioner that the facility is in compliance with Part 373-3.4(g)(8) before operations were resumed in the affected areas of the facility; NA
- (12) — The owner or operator noted in the operating record the time, date and details of the incident that required implementation of the contingency plan; NA
- (13) — The owner or operator submitted a complete written report on the incident within 15 days after the incident occurred.. NA

Handler Name Crouse Hinds

EPA ID No. NYD002227973

Appendix A

Treatment, Storage and Disposal Inspection Section

Also complete for generators over sole source aquifer areas.

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

1. Owner Transfer

(A) ☐ The facility has transferred ownership or operation of facility with prior written approval of the Department - 373-2.2(b)(1). NA

(B) ☐ Before transferring ownership or operation of a facility during its operating life, or of a disposal facility during the post-closure care period, the owner or operator notified the new owner or operator in writing of the requirements - 373-3.2(c)(2). NA

2. Sampling

(A) ☐ The owner or operator obtained a sample of the waste and had it analyzed - 373-3.2(d)(1)(i); or X

(B) ☐ The analysis included data developed under 6NYCRR Part 371, and existing published or documented data on the hazardous waste or on waste generated from similar processes - 373-3.2(d)(1)(ii). X

(C) ☐ The analysis has been repeated as necessary to ensure that it is accurate and up to date - 373-3.2(d)(1)(iii). X
Done annually for disposal facility

3. Waste Analysis Plan - (Spent Battery Reclaimers do not have to meet Waste Analysis)

(A) ☒ The owner or operator has developed and followed a written waste analysis plan - 373-3.2(d)(2).

(B) ☒ The owner or operator keeps this plan at the facility - 373-3.2(d)(2).

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

(C) The plan specifies at a minimum:

- (1) ☒ The parameters for which each hazardous waste will be analyzed and the rationale for the selection of these parameters - 373-3.2(d)(2)(i). _____
- (2) ☒ The test methods which will be used to test for these parameters - 373-3.2(d)(2)(ii). _____
- (3) ☒ The sampling method which will be used to obtain a representative sample of the waste to be analyzed - 373-3.2(d)(2)(iii). _____
- (4) ☒ The frequency with which the initial analysis of the waste will be reviewed or repeated to ensure that the analysis is accurate and up to date - 373-3.2(d)(2)(iv). _____
- (5) ☐ For off-site facilities, the waste analyses that hazardous waste generators have agreed to supply - 373-3.2(d)(2)(v). NA
- (6) (For off-site facilities). The waste analysis plan required must also specify the procedures which will be used to inspect and, if necessary, analyze each movement of hazardous waste received at the facility to ensure that it matches the identity of the waste designated on the accompanying manifest or shipping paper. The plan describes, at a minimum:
 - (a) ☐ The procedures which will be used to determine the identity of each movement of waste managed at the facility - 373-3.2(d)(3)(i); and NA
 - (b) ☐ The sampling method which will be used to obtain a representative sample of the waste to be identified, if the identification method includes sampling - 373-3.2(d)(3)(ii). NA

4. Security - 373-3.2(e)

(A) The owner or operator has adequately prevented the unknowing entry, or minimized the possibility for the unauthorized entry, of persons or livestock onto the active portion of his facility, because:

- (1) Physical contact with the waste, structures or equipment, YES OR NO or with the active portion of the facility may injure

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

unknowing or unauthorized persons or livestock which may enter the active portion of a facility - 373-3.2(e)(1)(i).

- (2) Disturbance of the waste or equipment, by the unknowing or unauthorized entry of persons or livestock onto the active portion of a facility, may cause a violation of the requirements - 373-3.2(e)(1)(ii). YES OR NO —

(B) If not exempt under A1 or A2 above, the facility must have the following:

- (1) — A 24-hour surveillance system which continuously monitors and controls entry onto the active portion of the facility - 373-3.2(e)(2)(i) or X
- (2) — An artificial or natural barrier which completely surrounds the active portion of the facility - 373-3.2(e)(2)(ii)(a) and X
- A means to control entry, at all times, through the gates or other entrances to the active portion of the facility - 373-3.2(e)(2)(ii)(b). X
- (3) — A sign with the legend, "Danger - Unauthorized Personnel Keep Out" posted at each entrance to the active portion of the facility - 373-3.2(e)(2)(ii)(b). X

5. General Inspection Requirements - 373-3.2(f)

- (A) — The owner or operator has inspected the facility for malfunctions and deterioration, operator errors, and discharges which may be causing - or may lead to release of hazardous waste constituents to the environment, or a threat to human health - 373-3.2(f)(1). X
- (B) (1) — The owner or operator has developed a written schedule for inspecting all monitoring equipment, safety and emergency equipment, security devices, and operating and structural equipment that are important to preventing, detecting or responding to environmental or human health hazards - 373-3.2(f)(2)(i). X
- (2) — He has kept the written inspection schedules at the facility - 373-3.2(f)(2)(ii). X

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

- (3) — The schedule identifies the types of problems which are to be looked for during the inspection - 373-3.2(f)(2)(iii). X
- (4) — The frequency of inspection is based on the rate of possible deterioration of the equipment and the probability of an environmental or human health incident, if the deterioration or malfunction or any operator error goes undetected between inspections - 373-3.2(f)(2)(iv). X
- (C) — The owner or operation has remediated deterioration of malfunction of equipment or structures which the inspection has revealed - 373-3.2(f)(3). X
- (D) — The owner or operator has recorded inspections in an inspection log or summary - 373-3.2(f)(4). X
- (E) — The inspection log or summary has been kept for at least three years from the date of inspection - 373-3.2(f)(4). X
- (F) — The records, at a minimum, include the date and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or remedial actions - 373-3.2(f)(4). X
6. Ignitable or Reactive Wastes - Complete Part II, questions 3C, 8 and 9 and 3D 10-12.
7. Personnel Training - Complete Part II 5.
8. Preparedness and Prevention - Complete Part II 6.
9. Contingency Plan and Emergency Procedures - Complete Part II 7.
10. Manifest System, Recordkeeping and Reporting - The regulations in this paragraph apply to the owners and operators of all hazardous waste facilities.
- (A) Operating Record - 373-3.5(c)
- (1) — There is an operating record. X

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

- (2) — The owner or operator has kept a written operating record at his facility. X
- (3) — The following information is included in the operating record, as it becomes available, or maintained in the operating record until closure of the facility:
- (a) — A description and the quantity of each hazardous waste received; X
- (b) — The method(s) and date(s) of its treatment, storage or disposal at the facility; X
- (c) — The location of each hazardous waste within the facility and the quantity at each location; X
- (d) — (For disposal facilities). The location and quantity of each hazardous waste must be recorded on a map or diagram of each cell or disposal area; NA
- (e) — Information must include cross references to specific manifest document numbers, if the waste was accompanied by a manifest; NA
- (f) — Records and results of waste analyses and trial tests performed; NA
- (g) — Summary reports and details of all incidents that require implementing the contingency plan; NA
- (h) — Records and results of inspections; X
- (i) — Monitoring, testing or analytical data where required; NA
- (j) — All closure cost estimates; X
- (k) — (For disposal facilities). All post-closure cost estimates. NA

(B) Manifest

- (1) Upon receipt of manifested shipment of hazardous waste the owner or operator:
- (a) — determined significant discrepancies from those stated on the manifest - 372.4(b)(1)(i). NA

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

- (b) — determined that all portions of the manifest have been completed - 372.4(b)(1)(ii). NA
Explain: _____

- (c) — distribute copies of the manifest according to the instructions with the manifest form - 372.4(b)(4). NA
- (2) Upon receipt of an unmanifested shipment of hazardous waste the owner or operator:
- (a) — determined the reason why the shipment was not accompanied by a manifest - 372.4(c)(1). NA
- (b) — filed an unmanifested waste report after accepting the waste - 372.4(c)(3). NA
- (3) — Facility accepted a particular hazardous waste without an authorized permit to do so - 372.4(f)(i). NA
- (4) — Facility accepted a hazardous waste without having adequate treatment, storage or disposal capacity available - 372.4(f)(ii). NA
- (C) Availability, Retention and Disposition of Records
- (1) — All records, including plans, required under this Part are furnished upon request, and made available at all reasonable times for inspection - 373-3.5(d)(1). X
- (2) — All reports and records required were retained for three years from the date of submittal - 372-4(d)(3)(i). X
- (3) — Upon closure of the facility, a copy of records of waste disposal locations and quantities under subparagraph 373-3.5(d) was submitted to the Commissioner and the counter clerk's office of the county in which the facility is located - 373-3.5(d)(3). NA
- (D) Additional Reports - 373-3.5(g)
- (1) — A TSDF Annual Report has been submitted to the Department - 373-3.5(e). X

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

- (2) — Releases, fires and explosions as specified in paragraph 373-3.4(g)(10) - 373-3.5(g)(1). NA
- (3) — Groundwater contamination and monitoring data as specified in subdivisions 373-3.6(d) and 373-3.6(e) - 373-3.5(g)(2). NA
- (4) — Facility closure as specified in subdivision 373-3.7(f) - 373-3.5(g)(3). NA

11. Groundwater Monitoring - 373-3.6

- (A) — A groundwater monitoring plan is required. NA
- (B) — A groundwater monitoring program is required, and has been instituted. NA

ATTACH COMPLETED GROUNDWATER MONITORING QUESTIONNAIRE APPENDIX C

12. Closure and Post-Closure - 373-3.7

- (A) — The owner or operator has a written closure plan - 373-3.7(c)(1). X
- (1) — The plan is kept at the facility - 373-3.7(c)(1) X
- (2) — The plan identifies:
- (a) — How and when the facility will be ___ partially closed if applicable, and ___ ultimately closed - 373-3.7(c)(1)(i). X
- (b) — The maximum extent of the operation which will be unclosed during the life of the facility - 373-3.7(c)(1)(ii). X
- (c) — All the hazardous waste and hazardous waste residues that must be removed from tanks, discharge control equipment, and discharge confinement structures - 373-3.10(e). X
- (d) — An estimate of the maximum inventory of wastes in storage or in a treatment at any given time during the life of the facility - 373-3.7(c)(1)(iii). X
- (e) — A description of the steps needed to decontaminate facility equipment during closure - 373-3.7(c)(1)(iii). X

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

(f) A schedule for final closure including:

- An estimate of the expected year of closure - 373-3.7(c)(1)(iv). NA
- The total time required to close the facility - 373-3.7(c)(1)(iv). X
- The time required for partial closure activities which will allow tracking of the progress of closure - 373-3.7(c)(1)(iv). X

(B) The owner or operator has amended his plan when changes in operating plans or facility design affect the closure plan - 373-3.7(c)(2). X

(C) The owner or operator has submitted his closure plan to the Commissioner at least 180 days before the date he expects to begin closure - 373-3.7(c)(3). NA

NOTE: The following (12 D - 12 I) are for owners and operators of disposal facilities only.

(D) Post-closure care consists of at least:

- (1) Groundwater monitoring and reporting - 373-3.7(g)(1)(i). NA
- (2) Maintenance of monitoring and waste containment systems - 373-3.7(g)(1)(ii). NA
- (3) Maintenance of any or all of the security requirements if required by the Commissioner - 373-3.7(g)(2). NA

(E) Post-closure use of property on or in which hazardous waste remains after closure is disturbing the integrity of the final cover, liner(s), or other components of any containment system, or the function of the facility's monitoring systems, and the owner or operator has demonstrated to the Commissioner, either in the post-closure plan or by petition, that the disturbance:

- (1) Is necessary to the proposed use of the property, and will not increase the potential hazard to human health or the environment - 373-3.7(g)(3)(i). NA
- (2) Is necessary to reduce a threat to human health or the environment - 373-3.7(g)(3)(ii). NA

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

- (F) — The owner or operator of a disposal facility has a written post-closure plan - 373-3.7(g)(3)(ii). NA
- (G) — The owner or operator of a disposal facility keeps this plan at the facility - 373-3.7(h)(1). NA
- (H) This plan identifies:
- (1) — Groundwater monitoring activities and frequencies - 373-3.7(h)(1)(i). NA
- (2) — Maintenance activities and frequencies - 373-3.7(h)(1)(ii). NA
- (I) — The owner or operator has amended his post-closure plan, and changes have occurred in operating plans or facility designs which affect his post-closure plan - 373-3.7(h)(2). NA
13. Financial Requirements - 373-3.8. Generators only in sole source aquifer areas do not have to meet financial requirements.
- (A) — The owner or operator has a written estimate of the cost of closing the facility - 373-3.8(c)(1). X
- (B) — The estimate appears to equal the cost of closure at the point in the facility's operating life when the extent and manner of its operation would make closure the most expensive, as indicated by its closure plan.
(PLEASE EXPLAIN) X
-
- (C) — Within 30 days after each anniversary of the date on which the first closure cost estimate was prepared, the owner or operator has adjusted the latest closure cost estimate - 373-3.8(c)(2). X
- (D) — The owner or operator has revised the new closure cost estimate whenever a change in the closure plan affects the cost of closure - 373-3.8(c)(3). X
- (E) — The owner or operator has kept this estimate, and all subsequent estimates required at the facility - 373-3.8(c)(4). X

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

(QUESTIONS (F) THRU (I) ARE FOR OWNERS AND OPERATORS OF DISPOSAL FACILITIES)

- (F) — The owner or operator of a disposal facility has a written estimate of the annual costs of post-closure monitoring and maintenance of the facility - 373-3.8(e)(1). NA
- (G) — Within 30 days after each anniversary of the date on which the first post-closure cost estimate was prepared, during the operating life of the facility, the owner or operator has adjusted the latest post-closure cost estimate - 373-3.8(e)(2). NA
- (H) — The owner or operator has prepared an annual post-closure cost estimate whenever a change in the post-closure plan affects the cost of post-closure care - 373-3.8(e)(3). NA
- (I) — The owner or operator has kept this estimate, and all subsequent estimates required in this Section, at the facility - 373-3.8(e)(4). NA

15. Use and Management of Containers - 373-3.9

- (A) Complete Part II-3 C.
- (B) — Incompatible wastes, or incompatible wastes and materials, are not placed in the same container - 373-3.9(g)(1). X
- (C) — Hazardous waste is not placed in an unwashed container that previously held an incompatible waste or material - 373-3.9(g)(2). X
- (D) — A storage container holding a hazardous waste that is incompatible with any waste or other materials stored nearby in other containers, piles, open tanks or surface impoundments, is separated from the other materials or protected from them by means of a dike, berm, wall or other device - 373-3.9(g)(3). NA

16. Tanks - 373-3.10

- (A) Complete Part II-3D.
- (B) The tank is to be used to chemically treat or store a hazardous waste which is substantially different from waste previously treated or stored in that tank, and the owner or operator has, before treating or storing the different waste or using the different process:

Indicate:

X Violations

Indicate:

X Satisfactory
NA Not Applicable

- (1) — Conducted waste analyses and trial treatment or storage tests (e.g., bench scale or pilot plant scale tests - 373-3.10(c)(1)(i)(a) or NA
- (2) — Obtained written, documented information on similar storage or treatment of similar waste under similar operating conditions - 373-3.10(c)(1)(ii)(b). NA
- (C) Chemically treat hazardous waste with a substantially different process than any previously used in that tank, and the owner or operator has, before treating or storing the different waste or using the different process:
- (1) — Conducted waste analyses and trial treatment or storage tests (e.g., bench scale or pilot plant scale tests) - 373-3.10(c)(1)(ii)(a) or NA
- (2) — Obtained written, documented information on similar storage or treatment of similar waste under similar operating conditions - 373-3.10(c)(1)(ii)(b). NA



CROUSE-HINDS

Cathy
↓
PAB

April 11, 1984

Paul Counterman, P.E.
Chief, Bureau of Hazardous Waste Technology
Division of Solid and Hazardous Waste
New York State Department of Environmental Conservation
50 Wolf Road
Albany, New York 12233

Dear Mr. Counterman:

Pursuant to the Resource Conservation and Recovery Act regulations and New York State Department of Environmental Conservation Part 360 regulations Crouse-Hinds is submitting this request for a change in status for its Syracuse plant, EPA I.D. No. NYD002227973. The Syracuse plant is classified as a TSD by Part A permit. We request that this classification be changed to generator status.

The Syracuse plant is an industrial generator of RCRA defined hazardous waste. A RCRA Part A interim permit was requested in November 1980 on U.S.E.P.A. form 3510-3 because the time required to generate, store and ship hazardous waste off the Syracuse plant site was not known.

It has been proven that hazardous waste generated at the plant can be accumulated and shipped to a disposer, within the allowed ninety days. Therefore, T.S.D. status is no longer required.

Thank you for your assistance.

Very truly yours,

Patrick J. Vassallo
Vice President of Manufacturing

bz

cc: Mr. James Reidy
Chief, N. Y. S. Hazardous Waste Section
U.S.E.P.A., Region II
ELECTRICAL CONSTRUCTION MATERIALS

P.O. Box 4999
Syracuse, NY 13221
(315) 477-7000

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

C		COMMENTS	
15	16		

INSTALLATION'S EPA I.D. NUMBER										APPROVED		DATE RECEIVED (yr., mo., & day)							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
F NYD0002227973										T/A C		800818							

I. NAME OF INSTALLATION

ELECTRICAL CONSTRUCTION MATERIALS DIV

II. INSTALLATION MAILING ADDRESS

C		STREET OR P.O. BOX													
15	16	3 WOLF & SEVENTH NORTH STREETS													
CITY OR TOWN										ST.		ZIP CODE			
15	16	4 SYRACUSE										NY		13221	

III. LOCATION OF INSTALLATION

C		STREET OR ROUTE NUMBER													
15	16	5 SAME WOLF & SEVENTH NORTH STREET													
CITY OR TOWN										ST.		ZIP CODE			
15	16	6 SAME SYRACUSE										NY		13221	

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)										PHONE NO. (area code & no.)						
15	16	2														

V. OWNERSHIP

C		A. NAME OF INSTALLATION'S LEGAL OWNER	
15	16	8 CROUSE-HINDS COMPANY	

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY														
9	W	N	Y	D	0	0	2	2	2	7	9	7	3	21
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 6 23 - 26 7 23 - 26	2 F 0 0 7 23 - 26 8 F 0 1 7 23 - 26	3 F 0 0 8 23 - 26 9 23 - 26	4 F 0 0 9 23 - 26 10 23 - 26	5 F 0 0 2 23 - 26 11 23 - 26	6 23 - 26 12 23 - 26
---	--	---	--	--	-------------------------------

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26 19 23 - 26 25 23 - 26	14 23 - 26 20 23 - 26 26 23 - 26	15 23 - 26 21 23 - 26 27 23 - 26	16 23 - 26 22 23 - 26 28 23 - 26	17 23 - 26 23 23 - 26 29 23 - 26	18 23 - 26 24 23 - 26 30 23 - 26
---	---	---	---	---	---

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 1 0 6 23 - 26 37 U 2 3 8 23 - 26 43 23 - 26	32 U 2 2 0 23 - 26 38 U 0 0 3 23 - 26 44 23 - 26	33 U 0 1 3 23 - 26 39 U 1 6 0 23 - 26 45 23 - 26	34 U 2 2 6 23 - 26 40 23 - 26 46 23 - 26	35 23 - 26 41 23 - 26 47 23 - 26	36 U 2 3 9 23 - 26 42 23 - 26 48 23 - 26
---	---	---	--	---	--

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)


☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) R. T. Wachob Director of Manufacturing C.M.P. Division	DATE SIGNED 8/15/80
---	---	------------------------

DATE RETURNED _____
REASON _____

☐ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

ID # NYD00222797

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. (1) NON-ACTIVER ☐
(2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY ☐
(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		<div>NOT 8-18</div> <div>Name - Electrical Construction Material</div> <div>XX DEC 1980</div> <div>PLEASE PLACE LABEL IN THIS SPACE</div>		F N.Y.D. 0.0.2.2.2.7.9.7.3 3 D	
I. EPA I.D. NUMBER				GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		yes	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	CONSTRUCTION MATERIALS PRODUCTS DIVISION
---	------	--

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	FRANCIS RONALD J - MANAGER	315	477 5371

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	P.O. BOX 4999	4	SYRACUSE	NY	13221

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	WOLF & SEVENTH NORTH STREETS	6	ONONDAGA	7	SYRACUSE	NY	13221

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND													
C	7	3	6	4	4	(specify)	Non-current Carrying Wiring Devices.					C	7	3	6	4	6	(specify)	Commercial & Industrial Lighting				
15	16	17	18	19							15	16	17	18	19								
C. THIRD										D. FOURTH													
C	7	3	6	2	2	(specify)	Industrial Controls					C	7	3	6	4	3	(specify)	Current Carrying Wiring Devices				
15	16	17	18	19							15	16	17	18	19								

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?																			
C	8	C	R	O	U	S	E		H	I	N	D	S		C	O	M	P	A	N	Y						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40						66													
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)																													
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify)															P (specify)															3 1 5 4 7 7 7 0 0 0														
P																														15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40														

E. STREET OR P.O. BOX																								
W O L F & S E V E N T H N O R T H S T R E E T S																								
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55																								

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
S Y R A C U S E															N Y					1 3 2 2 1					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40															41 42 43 44 45 46 47 48 49 50					51 52 53 54 55 56 57 58 59 60					61 62 63 64 65 66 67 68 69 70				

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
N/A															N/A														
9 N															9 P														
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30															31 32 33 34 35 36 37 38 39 40														
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
N/A															(specify)														
9 U															9														
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30															31 32 33 34 35 36 37 38 39 40														
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
EPA 3510-3															(specify)														
9 R															9														
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30															31 32 33 34 35 36 37 38 39 40														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Electrical Distribution Equipment and Control Manufacturing

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
F. F. House, Sr. Vice Pres & Group Exec.																														11/14/80									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY																								
C																								
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40																								

<div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">FORM 3</div><div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">EPA</div><div style="font-weight: bold;">RCRA</div></div>		U.S. ENVIRONMENTAL PROTECTION AGENCY		HAZARDOUS WASTE PERMIT APPLICATION		I. EPA I.D. NUMBER																																																																													
		Consolidated Permits Program				(This information is required under Section 3005 of RCRA.)		NYD 00227973																																																																											
FOR OFFICIAL USE ONLY																																																																																			
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		COMMENTS																																																																															
23		24																																																																																	
II. FIRST OR REVISED APPLICATION																																																																																			
<p>Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.</p>																																																																																			
<p>A. FIRST APPLICATION (place an "X" below and provide the appropriate date)</p>																																																																																			
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)					<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																														
<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8</div><div style="display: flex; gap: 5px;"><div>YR.</div><div>MO.</div><div>DAY</div></div><div style="margin-left: 10px;">FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</div></div>					<div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;"></div><div style="display: flex; gap: 5px;"><div>YR.</div><div>MO.</div><div>DAY</div></div><div style="margin-left: 10px;">FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</div></div>																																																																														
<p>B. REVISED APPLICATION (place an "X" below and complete Item I above)</p>																																																																																			
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS					<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																														
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																																			
<p>A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).</p>																																																																																			
<p>B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.</p>																																																																																			
<p>1. AMOUNT - Enter the amount.</p>																																																																																			
<p>2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.</p>																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">PROCESS</th><th style="width: 10%;">PRO-CESS CODE</th><th style="width: 25%;">APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th><th style="width: 25%;">PROCESS</th><th style="width: 10%;">PRO-CESS CODE</th><th style="width: 15%;">APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td colspan="6">Storage:</td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td></td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td></td><td>T04</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td colspan="6">Disposal:</td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td><td colspan="3" rowspan="4">OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td><td colspan="3"></td></tr></tbody></table>										PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	Storage:						CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY		S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY	Disposal:						INJECTION WELL	D79	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)			LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	LAND APPLICATION	D81	ACRES OR HECTARES	OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY	SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS														
PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY																																																																														
Storage:																																																																																			
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY																																																																														
WASTE PILE	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY																																																																														
	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR																																																																														
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY																																																																														
Disposal:																																																																																			
INJECTION WELL	D79	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)																																																																																
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER																																																																																	
LAND APPLICATION	D81	ACRES OR HECTARES																																																																																	
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY																																																																																	
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">UNIT OF MEASURE</th><th style="width: 10%;">UNIT OF MEASURE CODE</th><th style="width: 25%;">UNIT OF MEASURE</th><th style="width: 10%;">UNIT OF MEASURE CODE</th><th style="width: 25%;">UNIT OF MEASURE</th><th style="width: 15%;">UNIT OF MEASURE CODE</th></tr></thead><tbody><tr><td>GALLONS</td><td>G</td><td>LITERS PER DAY</td><td>V</td><td>ACRE-FEET</td><td>A</td></tr><tr><td>LITERS</td><td>L</td><td>TONS PER HOUR</td><td>D</td><td>HECTARE-METER</td><td>F</td></tr><tr><td>CUBIC YARDS</td><td>Y</td><td>METRIC TONS PER HOUR</td><td>W</td><td>ACRES</td><td>B</td></tr><tr><td>CUBIC METERS</td><td>C</td><td>GALLONS PER HOUR</td><td>E</td><td>HECTARES</td><td>Q</td></tr><tr><td>GALLONS PER DAY</td><td>U</td><td>LITERS PER HOUR</td><td>H</td><td></td><td></td></tr></tbody></table>										UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A	LITERS	L	TONS PER HOUR	D	HECTARE-METER	F	CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B	CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q	GALLONS PER DAY	U	LITERS PER HOUR	H																																								
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE																																																																														
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A																																																																														
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F																																																																														
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B																																																																														
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q																																																																														
GALLONS PER DAY	U	LITERS PER HOUR	H																																																																																
<p>EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.</p>																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">LINE NUMBER</th><th rowspan="2">A. PRO-CESS CODE (from list above)</th><th colspan="2">B. PROCESS DESIGN CAPACITY</th><th rowspan="2">FOR OFFICIAL USE ONLY</th><th rowspan="2">LINE NUMBER</th><th rowspan="2">A. PRO-CESS CODE (from list above)</th><th colspan="2">B. PROCESS DESIGN CAPACITY</th><th rowspan="2">FOR OFFICIAL USE ONLY</th></tr><tr><th>1. AMOUNT (specify)</th><th>2. UNIT OF MEASURE (enter code)</th><th>1. AMOUNT</th><th>2. UNIT OF MEASURE (enter code)</th></tr></thead><tbody><tr><td>X-1</td><td>S 0 2</td><td>600</td><td>G</td><td></td><td>5</td><td></td><td></td><td></td><td></td></tr><tr><td>X-2</td><td>T 0 3</td><td>20</td><td>E</td><td></td><td>6</td><td></td><td></td><td></td><td></td></tr><tr><td>1</td><td>T 0 1</td><td>86,400</td><td>U</td><td></td><td>7</td><td></td><td></td><td></td><td></td></tr><tr><td>2</td><td>T 0 1</td><td>44</td><td>U</td><td></td><td>8</td><td></td><td></td><td></td><td></td></tr><tr><td>3</td><td>S 0 2</td><td>4,000</td><td>G</td><td></td><td>9</td><td></td><td></td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td></td><td>10</td><td></td><td></td><td></td><td></td></tr></tbody></table>										LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	1. AMOUNT	2. UNIT OF MEASURE (enter code)	X-1	S 0 2	600	G		5					X-2	T 0 3	20	E		6					1	T 0 1	86,400	U		7					2	T 0 1	44	U		8					3	S 0 2	4,000	G		9					4					10				
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY																																																																										
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)																																																																											
X-1	S 0 2	600	G		5																																																																														
X-2	T 0 3	20	E		6																																																																														
1	T 0 1	86,400	U		7																																																																														
2	T 0 1	44	U		8																																																																														
3	S 0 2	4,000	G		9																																																																														
4					10																																																																														

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE, INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W N Y D 0 0 2 2 2 7 9 7 3 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1	F 0 0 2	12 000	T	T 0 1 S 0 1																					
2	D 0 0 1			Include with above																					
3	F 0 0 6	39 000	T	T 0 1 S 0 1																					
4	F 0 0 7	0																							
5	F 0 0 8	20 000	T	S 0 1																					
6	F 0 0 9	1034 000	T	S 0 1																					
7	F 0 1 7	18 000	T	S 0 1																					
8	P 1 0 6	320 000 8 empty 40-lb drums	P	S 0 1																					
9	U 0 1 3	600 000	P	S 0 1																					
10	U 1 6 0	500	P	S 0 1																					
11	U 2 2 0	0																							
12	U 2 2 6	14 000	T	S 0 1																					
13	U 2 3 8	125 000	P	S 0 1																					
14	U 2 3 9	0																							
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

FC:A 55 FC:A 56

EPA I.D. NO. (enter from page 1)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
F	N	Y	D	0	0	2	2	2	7	9	7	3	3	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	3	0	5	0	4	0
65	66	67	68	69	70	71

LONGITUDE (degrees, minutes, & seconds)

0	7	6	0	9	2	0	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

F. F. House, Sr. Vice Pres &
Group Executive

B. SIGNATURE



C. DATE SIGNED

11/14/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

R. T. Wachob, Director of
Manufacturing

B. SIGNATURE



C. DATE SIGNED

11/14/80

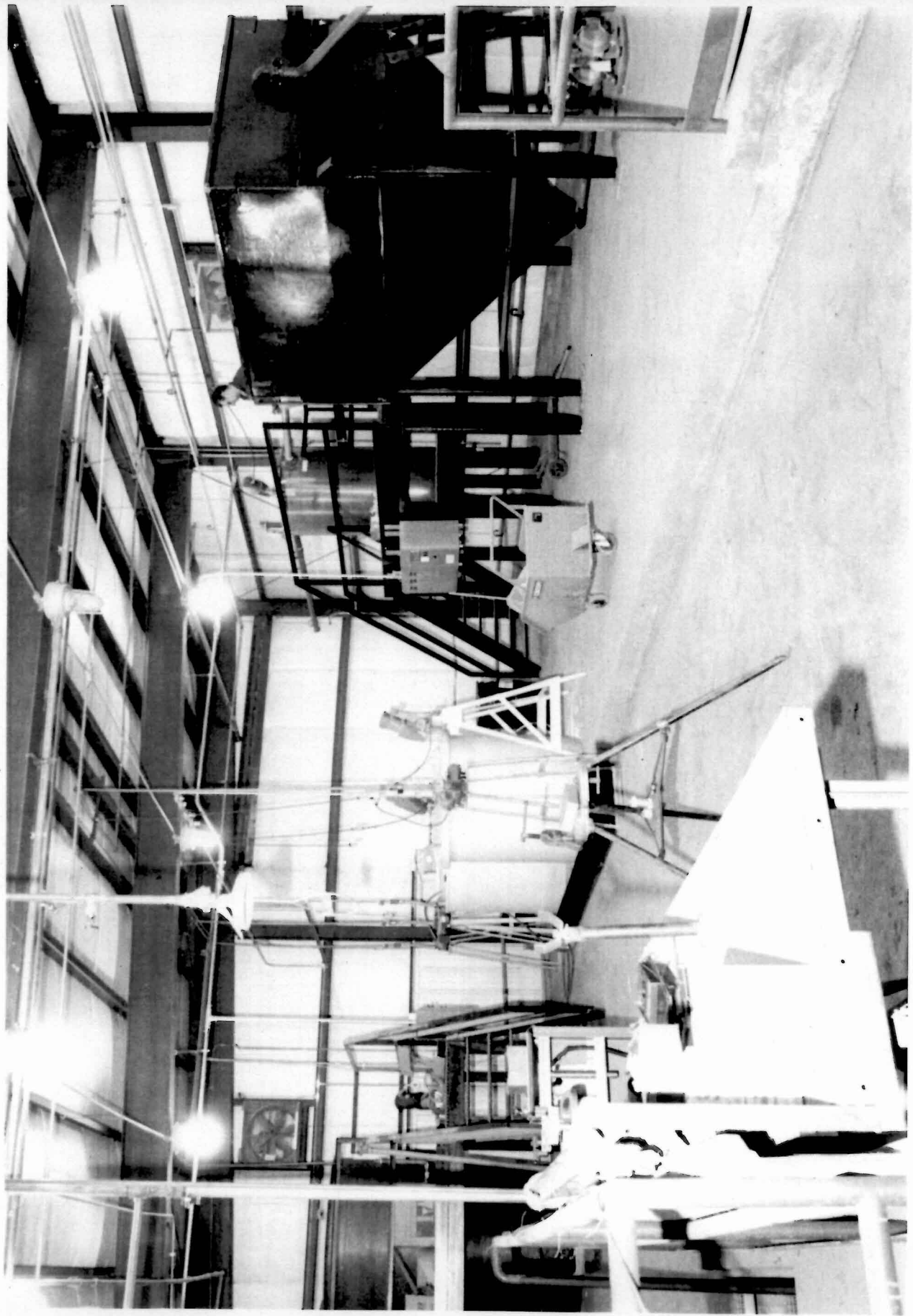


PROPOSED TEMPORARY HAZARDOUS WASTE STORAGE AREA
NORTH YARD

PHOTOGRAPHED 10/23/80

CROUSE-HINDS Co.

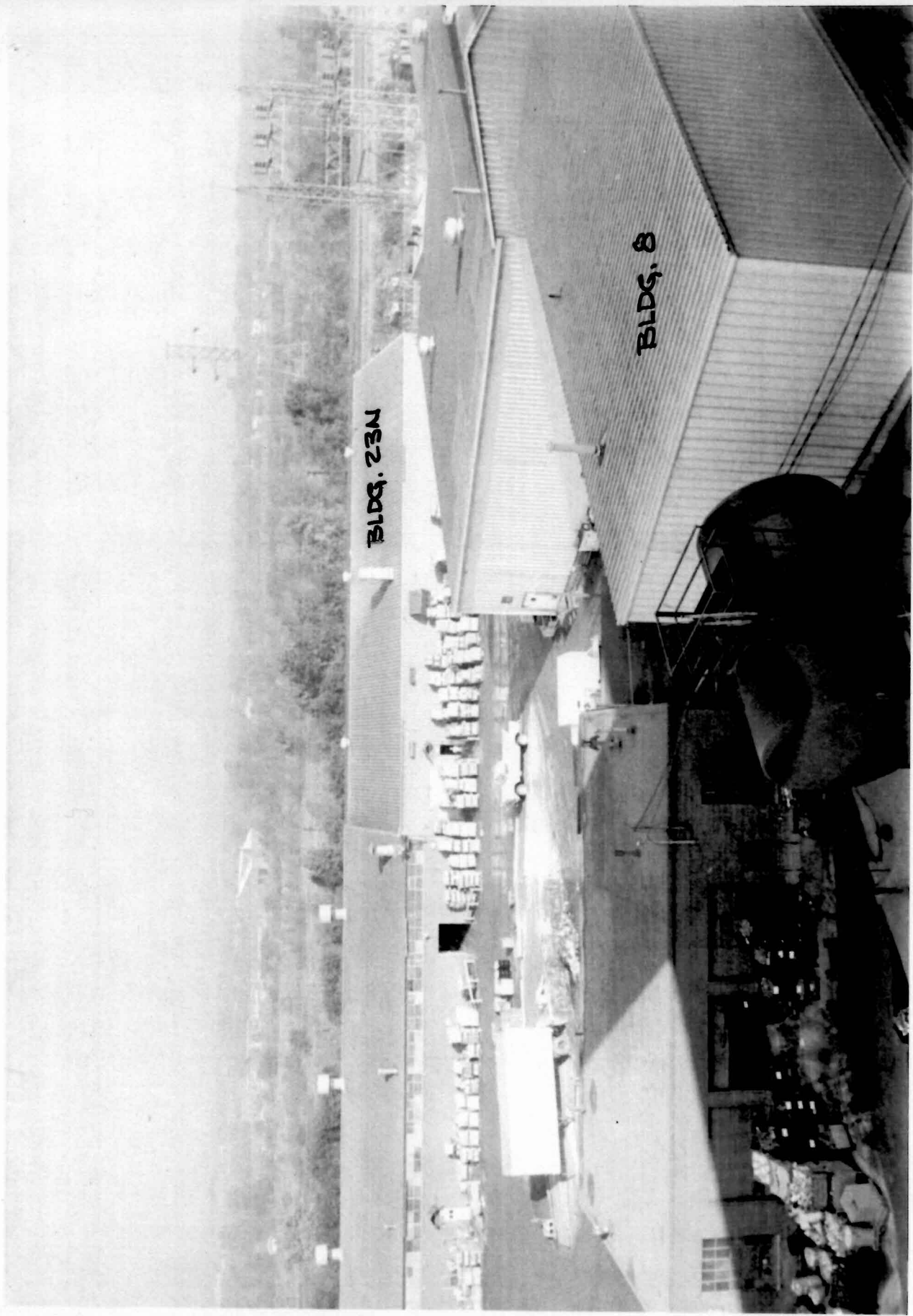
C.M.P. DIV.; SYRACUSE, N.Y.



Industrial Waste Water Treatment Plant
Electroplating Rinse Water -
Building #8, 2nd Floor.
Photographed 10/23/80.

Crouse - Hinds Co.
C.M. P. Div.; Syracuse, N.Y.

3 of 4

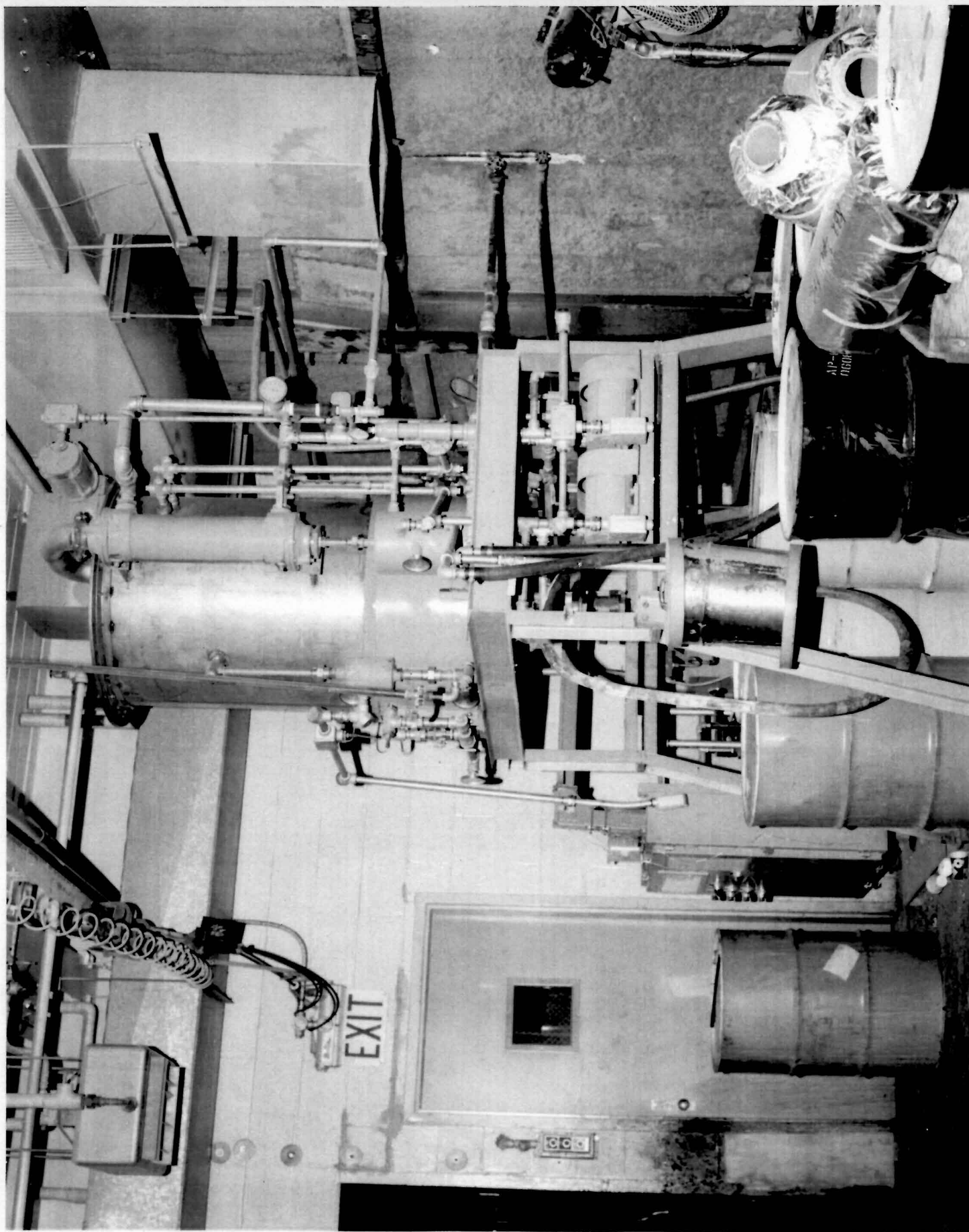


Existing Treatment Facilities

- A. Industrial Waste Water Treatment Plant - Foreground/Right-Corner Bldg. #8
- B. Solvent Recovery Still, Bldg. #23A - Background/Right-Center.

Photographed 10/17/80

Crouse-Hinds Co.
C.M.P. Div.; Syracuse, N.Y.



Bldg. #23N

SOLVENT RECOVERY STILL

PHOTOGRAPHED 10-30-80

40F4

A hand-drawn site plan on aged paper. The plan shows a property bounded by Wolf Street to the south and a railroad to the north. A north arrow points towards the top right. Key features include:

- Buildings:**
 - BLDG 23 (top left)
 - BLDG 234 (top center, with a dot indicating a location)
 - BLDG 8 36x72 (middle left)
 - Various other rectangular structures of different sizes.
- Infrastructure:**
 - RAILROAD TRACKS (top, running diagonally)
 - 7TH NO. ST. (top left, intersecting railroad)
 - WOLF ST. (bottom, horizontal line)
 - FENCE & PROPERTY LINE (diagonal line separating the property from the railroad)
 - LEASE LINE (diagonal line within the property)
- Other Labels:**
 - SOLVENT RECOVERY STILL 20'x25' (pointing to a small rectangle near BLDG 234)
 - ELECTRO PLATING W.W.T.P. (pointing to a structure near BLDG 8)
 - PROPOSED TEMPORARY HAZARDOUS WASTE STORAGE (bottom right, near a circular feature)
 - 24'x90' (dimensioned area near the proposed storage)
- Inset Map:** A small map in the top right corner titled "PLANT LAYOUT" showing the property's location relative to CONRAIL 2150 1/2, 7TH NO. ST., and WOLF ST., with a 1920' dimension.

CROUSE HINDS CO
CMPD FACILITY DRAWING
WOLFE 7TH NORTH STREETS
SYRACUSE, N.Y.
SCALE: 1/100